WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

06207

	Reg. Dist. No. 26,
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
G-EORGE G. ADAMS	3. (b) Social Security Number 577-05-1942
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. JULY 30 18 47 at 4 10 A
5.(6) Name of husband or wite Mildred Adams 5.(c) It alive, give age 42 years 7. Birth date of deceased (mo., day, yr.) December 26, 1893	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from TVLY 23 1847, to TVLY 30 1947 and that I last saw h. 1. M. alive on TVLY 30 1947.
8. AGE: Years Months Days It less than one day	arterio-polerotec heart disease / wells
S. Birthplace	Due to Dither conditions
14. Malden name. W. Lindell 15. Birthplace Newpoint, Indiana De ceased Address	Antopsy results. Colladamou of My roandul wy antime. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Cemetery or crematory. Fort Suncoln Similary (day) (year) Cemetery or crematory. Fort Suncoln Similary Location Pinel Seoge's Co., Md. 18. Funeral director. W.M.: I Nalley Address 3200-R.L. ave. Apt. Rainer 19. Couly 30, 1947 Rowland S. Philips (Date 194'd by registrar) Registrar	22. VIOLENCE: tt death was due to external causes, till in the following; Accident, suicide, or homicide



2411 N. Charles St., Baltimore 1310

06208

239

CERTIFICA	TE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (Yrural, give LOCATION) 2.(a) If veteran, name wer.
3. (a) FULL NAME many Rebecca a	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced C. Ceuelt 6. (b) Name of husband or wife	20. DATE OF DEATH
7. Birth date of deceased (mo., dey, yr.)	and that I last sew h
8. AGE: Years Month's Days If less than one day hrs. mid	n heart Joeline
10. Usual occupation	Oue to.
11. Industry or business 12. Name	Diher conditions
15. Birthplace Toman Constitution of the Interment Constitution of	Major findings of operations
(Burial, cremation, or removal, Which?) Cemetery or crematory. M. J.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Baltimane 3nd	Injured at home, farm, Industry, public place (where?)
Address 40 1 Wash & sin Ge dame 19 M. Busheau Registra	23. SIGNATURE M. D. of other Address Address Ogate signed 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15



2411 N. Charles St., Baltimore 54 b

CERTIFICATE OF DEATH

06209

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g.	Dist.	No.	2	2	۷.,

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Beards Ley, Mes, Charlo	He story the
4. Sex Female 5. Color or race 8.(a) Single, married, widowed, or divorced W, do wed	MEDICAL CERTIFICATION 20. DATE OF DEATH 26 July 19 47 21 9 19/0 M
6.(b) Name of husband or write. Prrin Z Beardsley. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 57 hrs. min. 9. Birthplace. Months (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47 19. 47 and that I last saw h. 22 alive on 7-26 Immedia; cause of death OURATION January Due to December 19. 47 Due to December 19. 48 December 19.
11. Industry or business 12. Name	Dither conditions
14. Maiden name. E'n. hy San boay 15. Birthplace Sucdew 16. Informant. Classoffile - Mes. Florence Roke	Major findings of operations. Date of op. 1-2347 Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Levelley, May (2015 K.C.) (Burial, cremation, or removal, Which?) Cemetery or crematory.	Accident, suicide, or homicide
Location Suitland Ind	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Address Aftherelle Md. 19. 7 219 19. 4 7 Amonda Nordan Registrar Registrar	23. SIGNATURE Phy M. D. or other Maddress 2014 R 57 NW Date signed 2747

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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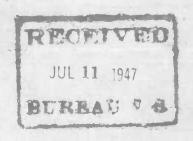
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

S 245

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) county 713 Dovenshite St akona Pk. Md.
(If outside city or town limits, write RURAL and give nearest town) Takoma Washington, D.C. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: 414 Emerson Street N.W. (If rural, give LOCATION) How long in hospital or institution?..... 3. (b) Social Security Number 3. (a) FULL NAME Ada Bone 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 4. Sex F widowed 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from William J.F. Bone 6.(b) Name of husband or wife6.(c) If alive, give age and that I last aw h. E.R ... alive on J... 7. Sirlh data of deceased (mo., day, yr.) July 26, 1874 DURATION It less than one day 8. AGE: Years Alberta, Canada (Town, county, and state) Christian Science Practiti 10. Usual occupation... 11. Industry or business ----Guthrie Scotland (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace Mrs. Helen L. Machen PHYSICIAN: Please underline the cause to which death should be charged statistically. 4915 3rd Street N.W. 22. VIOLENCE: If death was due to external causes, fill in the following: 11 Buna Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemelery or crematory Ft. Lincoln Cem. (County) (State) injured at home, farm, industry, public place (where?) Bladensburg Injured at work? Maans of injury Date signed ... Registrar



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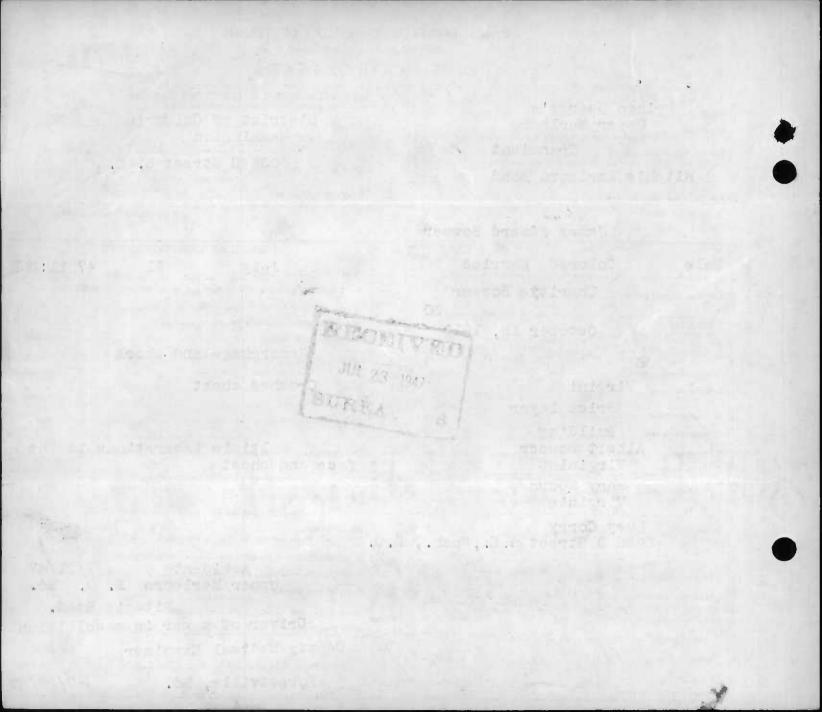
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170c

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Reg. Dist	. r	lo		\sim	

1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:	
	nce George's				
City or town(If	Upper Marlbord	RURAL and give nearest town)	Weshington		
How long in above plac	ce of death? Transie	ent	(If outside city or town limits, write RURAL and give nearest town		
Hospital, Institution, o	or street address where death occurre	d:	Street No. 5032 D S	street S. E.	
Riteh	ie Marlboro Ro	ad		, give LOCATION)	
How long In hospital	or Institution?		2.(a) If veteran, name wer		
3. (a) FULL NAM	ME			3. (b) Social Sec	urity Number
	James Edwa	ard Bowser			
4. Sex	5. Color or race 6.(a)Sing	le, married, widowed, or divorced	MEDICAL	L CERTIFICATION	N
Male	Colored Ma	arried	2D. DATE OF DEATH July	21 19	47, 11:30P
	d or wife Charity	Bowser	21. I CERTIFY that death occurred on the di	ate above stated; that I attend	ed deceased from
5.(0) Name of husban	d of Alle	30		19, to	19
7. Birth date of	6.((c) It allive, give age 30	and that I last sew hailve os		
deceased (mo., day	, yr.) October	1910	Immediate cause of death		DURATION
8. AGE: Yea	Months Days	If less than one dayhrs,min.	Hemorrhage		
9. Birthplace	Virginia (Town, county, and	state)	Due to Crushed che		
1D. Usual occupation	Brick lave	r	***************************************	***************************************	
	D. 43 34 mm	***************************************	Due to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Industry or busine			3/312 44 2 -	7.00.000+1.00	a to the
12. Name	Albert Bowser		Diher conditions Multiple	: Taestaerou	ra co cire
	Virginia		face and chest (Include programmey with	hin 3 months of death)	
14. Malden name	. Mary Moore				
14. Malden name	Virginia		Major findings of operations		
16. Informant	Lucy Corry		Antopsy results		
	5026 D Street	S.E. Wash., D.C	PHYSICIAN: Please underline the cause	to which death should be e	harged statistically.
Audress	- 1	The 05 1947	22. VIOLENCE: tt death was due to exter	nal causes, fill in the following	~ / 07 / 17
17	on, or removal. Which?)	reof. July 25 1991 (mouth) (day) (year)	Accident, suicide, or homicide. Acci	Ldent Date o	7/21/47
	- Linealine	Cum	Where did Injury occur? Upper 1	Marlboro P.	G. Md.
Cemetery or crema	11019	endand.	tnjured at home, farm, industry, public pla	Ritchie	Road.
Location	ussana Pola		Meens of Injury Driver of	a car ila	P01114105
18. Funeral director.	Bruy J. Was	shingtona sons	7.		V
.11	7 N 1+ 11	12 Wask N. C.	Deputy Medical	L Baniner	
Address 4 6	0	19 11 71	23. SIGNATURE	1 / AS	M D or other
19 Jales	2 1947 10	auf fruit	Forestville	e, Md.	27/22/47
Date rec'd by	registrar) '	Registrar	Address	Date	signed



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PLE/

(Date rec'd by registrar)

BINDING

FOR

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother How long in above place of death?. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, for street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or fac MEDICAL CERTIFICATION 2D. DATE OF DEATH..... 21. I CERTIFY that death occurred on the dald above slated; that I attended deceased from 8.(b) Name of husband or wife..... 8. (c) 11 alive, give age years 7. Birth date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: Years Months 6 Town, county, and state) 1B. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 6th) (day) (year) Location Address 23. SIGNATURE:



PLEASE WRITE

2411 N. Charles St., Baltimore

SA				2	43
1	Reg.	Dist.	No.	d	10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Prince Georges	
City or town	State D. C. County Washington
How long in above place of death? 1 mo. 6 days	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 216 N. St., N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tharles Co. Colber	577-09-3386
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widowed	20. DATE OF DEATH July 31 - 19 47 at 3 P
6.(b) Name of husband or wife. Adaline Quander	21. I CERTIFY that death optured on the date above stated; that I attended depeased from
	0/34 19.4.7. 10 7/3/19.4.
7. Birth date of deceased (mo., day, yr.) May 5, 1885	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
62 62 2 26hrsmin.	Vulmmany Introduce 9 mrs
9. Birthplace	Due to
10. Usual occupation Cleaner in Boiler Room	
11. Industry or business Benning Power Plant	Due to
	Other conditions.
12. Name Richard Colbert 13. 8irthplace ? Maryland	
K	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
≥ 15. Birthplace f Blary Tario	Date of op
16. Informant Deceased	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal Date thereof augil 1944	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
location to Washington; D.C.	Injured at home, tarm, Industry, public place (where?)
Purple Tunnel House	Means of Injury Injured at work?
18. Funeral director	(D) . 0 0 M
Address 2304 /Ja, was h.w.	23. SIGNATURE A Janel Leo Finecare MD.
19. July 31, 1947 Kowland S. Phelips (Dard ree'd by registrar) Registrar	Address & Con Dale Md. Date signed 7/31/49



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Maryland County Jeorge
(If outside elty or town limits, write turkAL and give nearest town)	Blade-land, med
How long in above place of death?	(If outside city or town limits, write RI RAL and give nearest town)
U	Sireet No
How long in hospital or institution?	2.(α) If veteran, name war
Mary Elizabeth Dad	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7-1 Cy Maried	20. DATE OF DEATH July 3 9 1947 , 3:50p
8.(6) Name of husband or wife Isadoel Dade	21. I CERTIFY that teath occurred in the date above stated; that I attended deceased from
8.(c) If allve, give age 38 year	
7. Birth date of deceased (mo., day, yr.) October 18. 1911	and that I last saw h
8. AGE: Years Months Days If less than one day	Insufficiently by Metral 1-2 gr
DI I min	valle.
9. Birthplace (Town-county, and state)	Due in College
10. Usual occupation Januar Carty - Bestie	Due to.
11. industry or business Organ home	
12. Name	Diher condition References alyone Figure
	(Include pyronancy within 8 months of death)
14. Malden name Westworthal Co. Va.	Major findings of operations
\$ 15. Birthpiace Westmorelful Co. Va.	Date of op.
18. Informant Live Dhubiose	Autopsy results.
Address Stadens beng nord.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Mensatural Michael Michael Michael Market (Mag) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory A	Where did injury occur? (City or town) (County) (State)
Joseph Washington, D.C.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Foldernest Garries Co	Means of Injury Injured at work?
Address 1432 Way Dr 9192	The It sting has
7/29 1/2 1	23. SIGNATURE LELLAND M. D. or other
19. (Datorec'd by registrar) Registrar	Mana Poly E. T. 1 Led. a no 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06215

Reg. Diat. No.....

1. PLACE OD DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forgrewborn infants giveresidence of mother)
City of town M. Brentwood, Md.	State Margland gount frice Jeorges
(If outside city or town limits, write RURAL and live nearest town) How long in above place of death?	City or town. (If purside city prown limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	Street No. 4503 Bonner Street
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
Mary Jane Davis	3. (b) Social Security Number
4. Sex Scolor of race S.(a)Single, married, widowed, or divorced	/ MEDICAL CERTIFICATION
J. Hedow	20. DATE DE DEATH JULY 21 7 19 47 at 3:15 A.M
6.(6) Name of husband opening Israe Davis	21. DERTIFY that death occurred on the date above stated: that attended deceased from
Cleceusely 6.(c) It alive, give age years	Jel 197 19 19 19 19 19 19 19 19 19 19
7. Sirth date of deceased (mo., day, yr.) Sept. 19, 1864	and that I last saw here allye on the policy classes.
8. AGE: Years Months Days It less than one day	Immediate cause of death Duration 1-2-yr.
82 10 26hrsmin.	
9. Birthplace (Tegrin, county, sed atate)	Due to Uge & Work
10. Usual occupation transfer leee bee	J
11. Industry or business Que home	Due to
	Dither conditions Septentins 1-2yr.
12. Name & factor of seed 13. Birthplace Pitts glowing Co. Va:	
14. Maiden oame Charlotte Teacher	(Include pregnancy within 8 months of death)
14. Malden oame. Standalette Tercker 15. Birthplace Standardo, Va.	Major findings of operations
16. Interment Elizabeth Lindsey	Antopsy results.
Address 450 B Bu St. V. But for Par	PHYSICIAN: Please underline the cause to which death should be charged statistically.
3000	22. VIOLENCE: If death was due to external causes, fill in the following;
(mghh) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Washing Why . 17. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director, I have trubquely	Means of Injury Injury Injury work?
Address 389 17. 9. and 2000	William Whiller mit
July 27 47 byus Seven	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	solding 4506 R. S. Leve Brentewood hell girls signed 7-27-47



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2411 N. Charles St., Baltimore

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1. PLACE OF DE	ATH: George	'8	2. USUAL RESIDENCE (HOME) OF	DECEASED:		
City or town (Brandywine) (If outside city or town limits, write RURAL and give nearest town)			state Maryland county Pr. George's			
How long in above place	outside city or town li	mits, write RURAL and give nearest town)	City or town Townsend (Bra	ndywine)		
How long in above place Hospital, institution, or	street address where	death occurred:	See ab	Write RURAL and give near	rest town)	
At J	Home		Street No. (If rural, give		•••••	
How long in hospital or	r institution?		2.(a) If veteran, name war	-555		
3. (a) FULL NAM				3. (b) Social Security 1	Number	
Ma:	rco	DeCesaris				
4. Sex Male	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
ma 10	MUITE	Married	20. DATE OF DEATH July 18	,47	, 2t	
6.(b) Name of h usband		Janutte le Cerais	21. I CHTIFY that death occurred on the data about	stated; that lattended decea	sed trom	
7. Birth date of		6.(c) if allve, give age years	and that I jast saw I.M. alive on July	v 17 1947	19	
deceased (mo., day,)	y.) Februa	ry 13, 1896	Immediate cause of death Pulmona	ry and	DURATION	
8. AGE: Years	Months	Days If less than one day	circulatory colla		O THAT IS IT	
51	5	5min.		T		
9. Birthplace	not	aresio I tales	nuternal hemor	rhage	***************************************	
s. orrapiace	(Town,	eounty, and state)				
tO. Usual occupation	Contra	clos and willder	oue to Brenchegenic Ca	rcinoma		
t 1. Industry or busines	Contra	retor and Builder	with diffuse meta	stases		
12. Name	leaton .	lle Cesaria	Other conditions			
13. Birthplace	St	aly	(Include pregnancy within 3 n			
当 14. Maiden name.	Joseph	ile lle Santis			OTNOMA	
HLOW 14. Malden name.	9tal.		Major findings of operations Branco With metastases	negenic san	May 37	
21 15. Bittiplace	1 0 to	1. 1. 1				
16. Informant	Care Co	The state of the s	PHYSICIAN: Please noderline the cause to wh	ich death should be charged	statistically.	
Address 12	andgun	n. Ma	22. VIOLENCE: It death was due to external cause	ses, till in the tollowing:		
17 / Dure	n, or removal. Which?	Date thereot (month) (day) (year)	Accident, suicide, or homicide			
	17 -					
Cemetery or cremato	ory Joch	Kucolsy and	Where did injury occur?(City or town)		(State)	
Location	y . C ,	2 21	Injured at home, tarm, industry, public place (wh		***************************************	
18. Funeral director	Thomas !	3. / anline	Meens of Injury	Injured at work?		
Address 64.	1-71.41	n.e	Colored	R Habe	. Mxl	
mile.	19 19	1 X Billings la	23. SIGNATURE	M. D.	of other	
(Date rec's by re	gistrar)	Registrar	Address AQUASCO MD.	Oate signed	July 18, 198	



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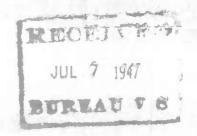
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164d

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CERTIFICAT	E OF DEATH Reg. Diat. No. 24
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couchy Couchy Clif or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
James Byron Dixon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced white warried 6.(b) Name of husband or wife Service Lee Dixon	MEDICAL CERTIFICATION 2D. DATE DF DEATH
T. Birth date of deceased (mo., day, yr.)	and that I last saw halive on19
8. AGE: Years Months Days if less than one day 7	Immediate cause of death Octor Due to Faccotin on head Due to
11. Industry or business Head 12. Name Description Description	Diher conditions
16. Informant	Antopay results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to esternal causes, fill in the tollowing. Accident, suicide, or homicide. Where did Injury occur? ((fty or town) (punty) (State) Injured at home, farm, Industry, public place (where?) Means of injury 23. SIGNATURE M. D. or other Address. Address.



CERTIFICATE OF DEATH

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Glenn Dale, Maryland. (If outside city or town limits, write RUKAL and give nearest to	State D. C. County
(If outside city or town limits, write RUKAL and give nearest to	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Glenn Dale Sanatorium	
How long in hospital or instilution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ADA DORSE	· · · · · · · · · · · · · · · · · · ·
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Female White Single	20. DATE DF DEATH. July 30 19. 47, 21. 6 3 /2.
8,(b) Name of husband or wife	21. I CERTIFY that death occurred to the date bove stated: that I attended deceased from 19. 47.
	and that I last saw h. C. alive on 7/30 18.4.7.
7. Birth date of deceased (mo., day, yr.) November 30, 1894	
8. AGE: Years Months Days If less than one day	Jamediais cause of death Tuberculoris 7 min
52 52 8 0hrs.	min.
B. Birlhplace Cerro Gondo North Garolina	
10. Usual occupation Clerk	
11. Industry or business War Department	Due to
	Dither conditions.
12. Name	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birthplace Adrian, South Carolina	Date of op.
16. Informant Deceased	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Post therent July 30,1	22. VIOLENCE: 11 death was due to external causes, fill in the following:
17. Removal Date thereof (month) (day)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location to Washington, D. C.	Injured at home, farm, Industry, public place (where?)
18 Eurard director S. H. HINES Co.	Means of Injury Injured at work?
18. Funeral director	Dine M.
Address 70/-/72 87. 4.0.	23. SIGNATURE A QUELLA O FINICA O M. D. or other
19. (Date red by registrar) 47 Nowland S. Phy	Registrar Address Glass Hale Md. Date signed 7/30 (47

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF. is especially important.

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PLEASE WRITE



2411 N. Charles St., Baltimore

	Dist.	0	6	2	1	3	,
Reg.	Dist.	No			λ	3	l.

	CERTIFICATE OF DEATH
DI LOP OF DEATH.	2 HIGHAT DESIDENCE

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County R Deorge	(Lot newport intrafes Kive Legionica of mornel)
City or town. (If outside city or town limits, white RURAL and give nearest town)	State County
(ii dutaide this of the control of t	City or town Myallsulle
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, of street address where eath occurred:	Street No. 4100 alles sh
Ny reo. Henr Hosp	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dunhar M. Wellian	h
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$m \mid \omega \mid$	1-29 11 10%
\sim	2D. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	July 22 19 47 10 July 29 19 41
7. Birth date of	0 00 129 247
7. Birth date of deceased (mo., day, yr.) Sept. 22/878	and that I last saw h
	Immediate cause of death
6. Add. / (/	· Pulmmary Oregelli + Villiaming
(4 90 min.	
*Calland	Due to Pulmoreary Englysema
9. Birthplace	000 (0
la meine Contracto	***************************************
10. Usual occupation	Due to
11. Industry or business	
= 12 Name John Dunfar	Dither conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name manquerite on Lucol	Major findings of operations
15. 8irthplace Saptland	
	Date of op.
16. Informant Mr. James W. Deenlar	Autopsy results. Sauce
Address 4100 Diver Sh. Ngathwill	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Andress 1 G G G G G G G G G G G G G G G G G G	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof Cing	Accident, sulcide, or homicide
(Burial, cremation, or removal. Which?) (day) (year)	
Cemetery or crematory.	Where did Injury occur?
location washington le	Injured at home, farm, Industry, public place (where?)
I G (1): S-	Means of Injury Injured at work?
19. Funeral director. Lischa Strip	
Address Stratteville and	1 · 2. Air 10 1. 0
AUDITOS	23. SIGNATURE & M. D. or other
18. 7/3/ 1847 amanda Dourrey	2 544 1:-1 16
(Date rec'd by registrar) Registrar	Address Cottoede Little Mark Date signed 7-29-47

PLEASÉ WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The discounties of specially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83 0

CERTIFICATE OF DEATH

06223/ Reg. Dist. No. 23/

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Equaty			•••••••••••••••••••••••	State Md . Con	Pr.Geo.	
City or town		City or town. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place Hospita!, institution, or Pr. G	PILEGI MANIESP MILEIC	aczin occurre	y.	Street No. 5712Greenleaf R	d.	
How long in hospital or	77 1	.10mir	2.	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME Dyott	,Mrs.Dorot	hy			3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
FEMALE	W		M	20. DATE OF DEATH		6:30a M
6.(b) Name of husband	or wife J.Spe	ncer 1	Dyott .	21. I CERTIFY that death occurred on the date abo		
			(c) If alive, give ageyears	19.	, to	19
7. Birth date of	June 2	.1914	4	and thal I last saw halive on		19
8. AGE: Years	109	Days	If less than one day	Immediate cause of death	//	DURATION
33			hrs min.	0 - · · · · · · · · · · · · · · · · · ·		
M	d.		•	Que to.		***************************************
9. Birthplace	(Town,	county, and	state)	Lue to		*************************
10 fleual necunation			,			***************************************
			•	Due to		••••••
11. Industry or business	seph H.Hah	n		***************************************		
12. Name Joseph H.Hahn 13. Birthplace Md.		Other conditions (Include pregnancy within 3 months of death)				
					HOW 14. Malden name	Clara My
TO AS BUILDING	Md.					
=1 15. Birtingiace	7	11	itt.			
16. Intermant	mes 12	1 de				
Address	Chevari	ly In	do			atioucany.
Bur	rial 0		July 26.1947	22. VIOLENCE: If death was due to external car		
(Burlal, cremation,	or removal. Which?)	Date thei	(Month) (day) (yes)	Accident, suicide, or homicide		
Cemetery or cremator	tlesa	NL (rally comeley	Where did Injury occur?(City or town)	(County)	(State)
we	estmin	elu	sed.	Injured at home, farm, industry, public place (w		
rocation	7 9	1/2	25-21	Means of Injury	Injured at work?	
18. Funeral director	1 the	one	Solo	Websut h	reduced (fel
Address	yaus	rue	ma	23. SIGNATURE	, D V da	
19. 7/24	1947	h	nande Doune, Registrar	Address + La tri	M. D. or	23-47
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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

2. USUAL RESIDENCE (HOME) OF DECEASED:

County PRINCE GEORGES	(For newborn infants give residence of mother)
BRANDYWINE	State Marshand County TW. Leas
City or town	Al de la sai esta
How long in above place of death? A if theme	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Branksisne	Street No
How long in hospital or institution	2.(a) If veteran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
THOMAS HOLLIDAY E	ARLY
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	1.1.1.1
	20, DATE OF DEATH ULY 1947 at 9:30A
6.(b) Name of husband or wife 2. ellie Squares Early	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
5.(b) Nama of husband or wifs	1 MAY 1846 to JUAY 1847
(6) If alive, give ageyear	3 // 1/6 3 %
7. Birth date of	and that I last saw h
	Immediate cause of death CIRCULATORY DURATION
8. AGE: Years Months Days If less than one day	COLLAPSE
71 2, 21hrs,min	
	Queto VALUULAR HEART DISERSE
9. Birthplace Blandydine The Blo Marylenna (Town, edunty, and state)	
7	CO + PULMONARY EDEMA
10. Usual occupation That Multi	Die to CARDIO VASCULAR DISEASE
1t. Industry or business	### ### ### ### ### ##################
# 12. Name Charles Stewart Early	Other conditions ARTERIOSCLESOSIS
	(Include pregnancy within 3 months of death)
14. Maiden name Alexagla Persignal 15. Birthplace Freestwilk and	
1 1-1:10 1/1-1	Major findings of operations.
¥ 15. Birthplace Freeslyelle nd.	Date of op.
16. Informant Dellis Agricultures 6 and agricultures	Antopsy results
n' 1 1. On 61	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Brandystens Marylans	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Birial Date thereof 7 3 47	The state of the s
(Burial, cremstion, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory At. Sauls	Whers did Injury occur?
Location Dela Marketin Angerran Land	Injured at home, farm, industry, public place (where?)
18. Funeral director of itchie Brathers	Means of Injury Injured at work?
7 7 1	(dal . O Y 1
Address upper Marcharo, Ma.	- 23 SIGNATURE Clfred T. Japen, M.D.
0.100 - 5,418.00.0	23. SIGNATURE M. D. of Other
19 Mu 2 19.47 J. William Goles	Address (suaco 1810 - Date signed July (194
((Date 13. d pl registrat)	Audico and



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

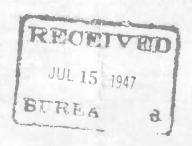
Reg. Dist. No. 239

PLACE OF DEATH: Ounty PRINCE GEORGE'S	
FRINCE (ORORGES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	300017 4.7.4
w long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No. 715 MAIN STREET
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Propert cas	low
Sex 5 Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MA/E White MARRIED	20. DATE OF DEATH JULY // 19.97 at 8 3
man Plint P	
b) Name of husband or with Ely aluella Eastern	21. I CARTIFY that reath occurred on the date above stated; that vattenged deceased from
6.(c) If alive, give age 7.2 ye	iars 10/10/11
Birth date of deceased (mo., day, yr.) JORC 23 1/870	and that I last say he leading on 19.7
. AGE: Years Months Days It less than one day	Il median cause of death DURATIO
76 6 / 3m	
7	A STATE OF THE STA
Birthplace (Town, county, and stote)	Due to. Multiple To. J.
). Usual occupation	Due to
I. Industry or business	
12. Name Lahon Easton	Other conditions
13. Birthplace may land	
14. Maiden name Parole Easton	(Include pregnancy within 8 months of death)
14. Maiden name. arolen Easlor	Major findings of operations.
15. Birthplace	Date of op.
Informant arthur Eastern	Antopsy results
Address main It Laurel mol	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. O Tul 14/90	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (yeor)	Accident, suicide, or homicide
Cemetery or crematory. Lang. 75	Where did injury occur?
4 1 2 0	Injured at home, farm, industry, public place (where?)
0/ = 1: = N /= -0/	
Location damen trof	Moone of injury
D'120. O.DI.	Mesns of injury Injured at work?
18. Funeral director Rich glan Selly	1 Willarsen Will
18. Funeral director R. 1 cd. glan Selly Address 40 1 Wash one Lawel Mo	23. SIGNATURE MUNICIPALITY MARKET MAR

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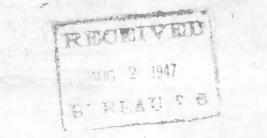
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The M PLEASE

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MARGIN RESERVED FOR BINDING	y every item of
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9.45-151	TE
4.	/R1

3	E OF DEATH Reg. Diat. No. 243
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State D. C. County. City or town Washington (If outside city or town limits, write RURAL and give nessest town) Street No. 7112 O. Street, N. E. (If rural, give LOCATION) 2.(a) If veteran, name war.
JAMES A. EDWARDS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. JULY 23 19 47 21 9:40
6.(c) Name of husband or wife Ollie D. Edwards 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) September 10, 1892	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MAY 19. 46. to JULY 23. 19. 4 and that I last saw h. M. alive on J. L. 42-3. 19. 4
8. AGE: Years Months Days If less than one day 5\(\omega\$ 5\(\omega\$ 10 13 \dots	Meningitis, tuberculous 2 day
9. Birthplace	Due to
16. Informant Address 17. Auroval 18. Euneral director Hogy and Standard Horne The Address 38 9- P. D. Aure 7- W. 19. To 2 4 18 12 Rowlands Philips Registrar Registrar	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

TAMES A EDWARDS



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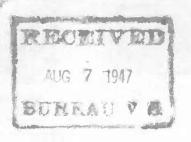
correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	0622	4
Re	g. Diat. No.	243

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State D. C. County
City or town	Washington
How long in above place of death? 1 yra, 8 mos., 16 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1337 - 5th St., N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
DAVID EVANS	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widowed	20. DATE DE DEATH July 31 1942, 21530. M
6.(b) Name of husband or wife Rosa Evans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) If allies also are	11/14 1945 to 7/31 19.47
7. Birth date of Country law 200 7 2007	and that I last saw h. Assa. alive on 7/3/ 18 47.
deceased (mo., day, yr.) September 29, 1001	Immediate cause of death
8. AGE: Years Months Days If less than one day	pulm. Interculosis 91/2 yrs
65 65 10 2 Amin.	
B. Birthplace Hoke Co. North Carolina (Town, county, and state)	Due to
10. Usual occupation none, the last 10 years.	Due fo
11. Industry or business	940 10.11
	Dther conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Katie McLean	Major findings of operations
14. Maiden name Katie McLean 15. Birthplace ? North Carolina	Date of op.
16. Informant Deceased	Antonsy results.
16. Informanf	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
to Washington D. C.	'Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injury Injured at work?
18. Funeral director. Wile Van Tocheg, Suc.	() · 00 P.
Address 424 - 1 37. 11, W. Cotty.	23 SIGNATURE X) and her Finicane MX.
19. July 31, 1947 1 Cowland S. Plulys (Day rec'd by Jegistrar) Registrar	Address Then Dale Md Date signed July 31,1947.
V	. , , ,



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137 6

CERTIFICATE OF DEATH

06225 Reg. Diat. No. 23/

County. Cheverly City or town (If outside city or town limits, write RURAL and give nearest town) How iong in above piace of death? 7 days and 20 min. Hospital, institution, or street address where death occurred: Prince George's General Hospital How long in hospital or institution? 7 days and 20 min.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
			d 20 min.			
3.(a) FULL NAME FEES. Mr. Benjamin					3. (b) Social Security	Number
4. Sex Male	S. Color or race White	6.(a)Single	e, married, widowed, or diverced Widowed	MEDICAL C	7-25 1947	a 6 :ISP
			c) If alive, give ageyear	and that I last saw h alive on	bove stated: that I attended dece 9 4 7 , to 7 - 3 7 - 2	2 2 1947 1947
8. AGE: Years	Months	Days 10	It less than one dayhrsmin	Immediate cause of death	132.2	20 4
9. Birthplace	Ne cired	county, and a	tate)	Due to	strificon Ty	1 400
14. Malden name		Pa.	berger	(Include pregnancy within a		
16. Informant Mrs. Ida Mae Donley (Daughter) Address 3811-39th St., Brentwood, Md. 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Location Journal Man Donley (Daughter) 18. Funeral director Man Donley (Daughter) Address 200-R. Cave M. Rainius Md			rentwood, Md.	PHYSICIAN: Please underline the cause to 22. VIOLENCE: It death was due to external c Accident, suicide, or homicide	which death should be charged auses, flii in the following;	
			Rainius Ma	Where did Injury occur? (City or town Injured at home, farm, Industry, public place (Means of Injury)	(where?)	
19. / 2 6 (Date rec'd by regin	19.47	as	nanda Down	23. SIGNATURE	M. D. Med Date signed.	or other 7-25-47



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH Reg. Dist. No. 23
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE W. W.	20. DATE OF DEATH 22 23 19.47, 21. 1020
6.(b) Name of husband or wife	ars ars Immediate cause of death
89hrsmi	in. Cellulate of face
9. Birthplace Wash . D.C. (Town, county, and state)	Due to
10, Usual occupation. 3 ames	Due to.
11. Industry or business 5	
12. Name 12.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name. See Villa. 15. Birthplace Services	Major findings of operations.
E 15, Birthplace	Date of op.
18. Intermant Seadure 5	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Seal Vleanens	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove) Which?) Bate thereof (month) (agy) (year)	Accident, suicide, or homicide
Prospect Still	Where did Injury occur?
Cemetery or crematory	
Location	Injured at home, farm, todustry, public place (where?) Means of Injury Injured at work?
18. Funeral director	means of mary
Address Ayallarelly ma	23. SIGNATURE Home J. Simulary
19. 7/24 1947 amande Deurey	Z3. SIGNATURE M. D. or other
(Date rec'd by registrar) Registr	rar Address 6009 Cortuguest Data signed Aug 17



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MARYLAND STATE DEPARTMENT OF HEALTH

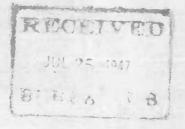
2411 N. Charles St., Baltimore

920

06227 245 Reg. Diat. No. 245

CERTIFICATE OF DEATH

/	201		
1. PLACE OF DEATH: County Mt. Rainier, Maryland City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Mt. Rainier (If outside city or town limits, write RURAL and give nearest town) Street No. 4012 29th Street (If rural, give LOCATION)
How long in hospital or	Institution?		2.(a) If veteran, name war
3. (a) FULL NAMI	Anna	Elnora Garland	3. (b) Social Security Number
4. Sex female	5. Color or race white	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 7/16/47 20. Date of Death 2 19 47 et 2 4 N
6.(b) Name of husband or wife			21/4 CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3. O., to
8. AGE: Years Months Days If less than one day hrsmin.			myocardial legeneration + 12 hrs.
11. Industry or busines	Register	enry Garland	Due to Confine Oauses 18-20 Jesus Other conditions
	Sarah Virgi		(Include pregnancy within 3 months of death) Major findings of operations
		G. Iglehart	Antopsy results
17. BURIFU Date thereof. JULY 21 1947. (Burial, cremation, or removal. Which?)			22. V10LENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. ROCK CREEK CEMETERY			Where did injury occur? (City or town) (County) (State)
Location WASHINGTON, O.C.			Injured at home, farm, industry, public place (where?)
18. Funeral director Address 2	S. H. H.	Um. To Jotay Registrar	Meane of Injury Injured at work? 23. SIGNATURE Meane of Injury Injured at work? Nowell Nowell Oate signed 1-18-14



2411 N. Charles St., Baltimore 13/a

CERTIFICATE OF DEATH

Reg. Dist. No. 2. 42.

	700
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State marchant constitue George
City or town	0.1.0 2.00
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
5222 - St AZ	Street No. 5. 2. 2. (If rurs), give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
tena Garlington	
4. Sex 5. Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
family white married.	20. DATE OF DEATH Que & 19 × 7 at 6=%
5.(b) Name of husband or wife Engere Gorluston	21. I CERTIFY that death coorred on the date above stated; that I attended deceased from
8.6) I alive, give ege	19
T. Birth date of deceased (mo., day, yr.)	and that t last sew halive os
8. AGE: Yeare Months Days If less than one day	Immedia: cause of death
70 Uhrsmin.	lo + tole
9. Birtholace north Corolina	Due to Canal Armoula
(Town, county, and state)	e se desege
10. Usual occupation	Due to
11. Industry or business	
12. Name Zphram 7 ornell 3. Birthplace	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Walker 15. Birthplace Vingilia	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant.	Actorsy results
Address J222 PM JE Corolphilo	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bure of Date thereo July 1944	Accident, suicide, or homicide
Cooler 41: 11 provide	Where did injury occur?
enthis I mid	Injured at home, Tarm, Industry, public place (where?)
Location Control of the Control of t	Means of Injury Injured at work?
18. Funeral director & Mulliam Sel Seas Co	Neppets medecati Game
Address, 36 o yas St. M.E. D.C.	23. SIGNATURE SALES OF LONG
19 July 9 1947 Carrie 3 Campbell	7 destille my 10 D. or other

MARGIN RESERVED FOR BINDING

WCH UNFADING INK. Supply every item of information carefully, The important. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, is especially

PLEASE



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CERTIFICATE OF DEATH

06229 Reg. Dist. No. 243

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. County
(If outside city or town limits, write RURAL and give nearest town)	Washington
How long in above place of death? 4 months	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No. 1214 Lamont St., N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long In hospital or Institution? La months	2.(a) It veteran, name war
	III.
3. (a) FULL NAME marchale Sibbs	3. (b) Social Security Number 178-12-6033
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	20. DATE OF DEATH Anhy 19 - 19. 47, 21 2 40
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Fohrmanner 7 3037	and that I last saw h w alive on 7/19/ - 19 H
deceased (mo., day, yr.) February 7, 1917	
8. AGE: Years Months Days If less than one day	Immediaje cause of death DURATION
30 30 5 12hrsmin.	Value of the second of the sec
9. Birthplace Vidella, Georgia	Due to
(Town, county, and state)	
1D. Usual occupation. Elevator Operator	
	Due to
11. Industry or business	
12. Name March Gibbs	Other conditions
12. Name March Gibbs 13. Birthplace ? Georgia	
	(Include pregnancy within 3 months of death)
불 14. Maiden name?	Major findings of operations
15. Birthplace ? Georgia	Date of op.
16. Informant Deceased	Autopsy results
Address	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Washington DC.	Injured at home, tarm, Industry, public place (where?)
FIRM AT DERIVER	Means of Injury Injured at work?
18. Funeral director.	
Address 1432 Garage Man	23. SIGNATURE & anel Leo Finicano MA
19. (Date &c'd by resistrar), 19 47 Kowland S. Philips Registrar	Address Sylem Dale Md Date signed 1/19/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5351 Hayes St., N. E. (If rural, give LOCATION) 2.(a) 11 veteran, name war.
3.(a) FULL NAME GIBSON, KATHERINE	ELIZ.
Female Colored Single	MEDICAL CERTIFICATION 20. DATE OF DEATH July 19 19 47 21 4 2 . M
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/30 19.47 and that I last saw h. C. alive on
8. AGE: Years Months Days If less than one day 25 25 11 1 hrs. min.	pulse tuberculosis 6 year.
9. Birthplace	Due to
12. Name	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Date/pe'd by registrar) 19. (Date/pe'd by registrar)	23. SIGNATURE Danel Leo Finicano 240. Address Slan Dale Md Date signed 7/19/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

correct age



VS A15

PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191

2 IISHAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

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Reg. Di	iat. N	lo	24	45

County Prince George's	(For newborn infants give residence of mother)		
Riverdale	State Maryland County Prince George's City or town (1f outside city or town limits, write RURAL and give nearest town)		
City or town (If outside city or town limits, write RURAL and give nearest town			
How long in above place of death? Dead on arrival			
Hospital, institution, or street address where death occurred: Leland Memorial Hospital	Street No. 2501 Arundel Road		
_	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name wer		
Meryl Louise Reynolds Gle	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	2D. DATE DF DEATH July 27 19 47 at 6:45 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19 10 19		
7. Birth date of	and that I last saw halive on		
deceased (mo., dey, yr.) June 11, 1947	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Heat Stroke		
1 16hrs.	min,		
9. Birthplace Washington D. C. (Town, county, and state)	Due to Exposure to excessive heat		
10. Usual occupation None			
	Due to		
11. Industry or business			
Joseph Burton Glenn Jr. 12. Name Washington, D. C.			
Jane Holcombe Hearin-	Simon (Include pregnancy within 3 months of death)		
Jane Holcombe Hearin- Washington, D.C	Major findings of operations		
	Date of op.		
16. Informant Jane S. Glenn	Autopsy results		
2501 Arundle Road, Mt. Rainie	METYSICIAN: Please underline the cause to which death should be charged statistically.		
MUMTCS)			
(Burial, cremation, or removal. Which?) Date thereof the 29, 19 (mighth) (day) (year	Accident, suicide, or homicide		
	Where did injury occur? Mt. Rainier P. G. (State)		
Cemetery or crematory.			
Location Washington	Injured at home, tarm, industry, public place (where?)		
18. Funeral director I Sasaha Done	Lazitinin an overheated miyem work?		
1 -11 11.)	Deputy Medical Examiner		
Address thellardle ma	23. SIGNATURE M.D. OF OTHER		
July of 41 James & CHELY	M.D. or other		
(Date reck) by registrar)	egistrar Address / Forestville, Md. Date signed 7/28/47		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13%

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CFRT	TEICA	TE OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Georges	
City or town	
How long In above place of death? 1 month and 5 day:	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred:	
Glenn Dale Sanatorium	Street No. 1402 I. Street, N. W.
How long in hospital or institution?	S
3. (a) FULL NAME	3. (b) Social Security Number
John Gaham	577-14-9802
4. Sex Color or race 6.(a)Single, married, widowed	
male / colored Single	20. DATE OF DEATH. July 10 19 47, at 7 32 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that f last saw h
deceased (mo., day, yr.) April 20, 1907	Imendia: cause of death
8. AGE: Years Months Days If less than on	Culmonay Inbeaulys 10 mos.
40 40 2 20hrs.	
McBee, South Carolina	Que to.
8. Birthplace McBee, South Carolina (Town, county, and state)	
10. Usual occupationWashes rolers in print	ing machines.
11. Industry or business	Due to
	Dther conditions
	(Include pregnancy within 3 months of desth)
置 14. Maiden name Janie Davis	Major fiedings of operations.
Janie Davis 14. Malden name Janie Davis 15. Birthplace McBee, South Carolina	Date of op.
16. InformantDeceased	Actopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof July	10 /9 U7
(Burial, cremation, or removal. Which?) (month)	
Cemetery or crematory	Where did injury occur?
Location Washington D.C.	Injured at home, farm, industry, public place (where?)
0 . 5 01.	Means of Injury Injured at work?
18. Funeral director and	
Address 1508 -9 th S. N.W., Washington	DC. () Angel (on Finish and ms)
al. 12 KIR Willand	M. D. or other
19. (Date roc'd by registrar)	Registrat Address The Date Ma Date signed 7/10/47



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1/ PLACE-OF DEAT

state Registration Dist. No. Village or City death occurred in a hospital or instrution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?___ Length of residence city or town where death occurred stateme RECOAD. If nonresident give city (Usual place of about Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (with the word) PERMANENT CTL classified. 5a. If married, widowed, or divorced HUSBAND of 22. ettended deceesed. (or) WIFE of M 回 certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than 7. AGE Years Months 1 day, 4thrs OF DEATH and related causes of Importence 5 min. 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER. jo SAWYER, BOOKKEEPER, etc., back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spent in this that occupation, instructions UNFADING SO 12. BIRTHPLACE City to supplied. terms. HE See FAT 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_ Was there en autopsy?_____ MOTHER important. 15. MAIDEN H 23. If deeth was due to external causes (VIOLENCE) fill in also the following: car Accident, suicide, or homicide?_____ Date of injury ______ 19_ 16. BIRTHPLACE (city or tow DEATH Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF CREMATION, OR REMOVAL Manner of injury WRITE U2 CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED_ Registre If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years for over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car **	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- A	
gr			
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	- Gastroenteritis	1 year
			1111
			. W

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINLY

PLEASE WRITE

FOR BINDING

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1. PLACE OF DEATH:

How long in above place of death?.....

County Prince George's

Hospital, Institution, or street address where death occurred:

2411 N. Charles St., Baltimore 1700

CERTIFICATE

E OF DEATH	Reg. Diat. No. 45
2. USUAL RESIDENCE (HOME) (For newborn infants give residance	OF DECEASED:
	County Prince Geore's
City or town	nts
WILLS INC.	give LOCATION)
2.(a) If veteran, name wor	
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE DE DEATH July	21 19 47 21 11 : 30 8
21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
	1919
and that I last saw halive on	19
Immediate cause of death	nd shoek Duration
	the skull
Dther conditions	
(Include pregnancy within	n 3 months of death)

	Md.	Autopsy results
,	TATEL	

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide......Accident Date of ... 7 ... /21 /47 Where did injury occur? Upper Marlboro P. G. (State) Md.

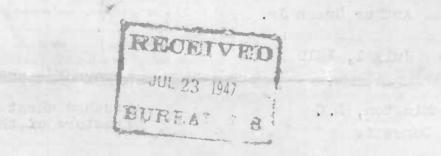
Injured at home, farm, Industry, public place (where?) Ritchie Road "Passenger in a car that was in a

collision

Forestville, Md. Addres

	Institution?		***************************************
3. (a) FULL NAMI	Celesti		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced
Female	Colored	Mar	ried
7. Birth date of		6.(c	en Jr.) It alive, give age
deceased (mo., day, y		Days	It less than one day
o. Adl.		Daje	
2	8		hrsmin
13. Birthplace	. J. Nixo	rolins	
14. Maiden name.	Fannie Virgi		n
15. Birthplace	Virgi thur Gree	nia n Jr.	
16. Informant Are 1100 Address 1100 (Burial, cremation	Virgi	nia en Jr.	er Heights, Me
16. Informant Are Address 110	Virgi	nia en Jr.	er Heights, Mo
Address 110 Address 110 Cemetery or cremation Location	Virgi	en Jr. Ced Bate there	er Heights, Mo
Address 110 Address 110 Cemetery or cremation Location	Virgi	en Jr. Ced Bate there	er Heights, Mo
Address 110 Address 110 Address 110 Cemetery or cremator Location	thur Green 8 64th St	en Jr. Ced Bate there	er Heights, Mo

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MARYLAND STATE PARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Leonard Larrison Velen 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divocable That washington	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(6) Name of husband or wife	2D. DATE DF DEATH 19 at
8. AGE: Years Months Days It less than one day 9. Birfhplace (Town, county, and state)	Immediate cause of death OURATION OURATION Due to Our Our Our OURATION
10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 7. Perma	Oue to
13. Birthplace 14. Maiden name Mary Coller Coolidge 15. Birthplace 7 Ptura	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address versal Date thereof (day) (versal) 17 Burial (Burial, cremetal), Which?) Date thereof (day) (versal)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Location 18. Funeral director. Location Location	Where did Injury occur?
Address Ayattarille na (Databee'd by registrar) 18#7 Janus Severy Registrar	23. SIGNATURE M. D. or other Address Revendale, new Date signed 7: 729-47.

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 186

06236

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Prince George's City or town. Capital Heights (If outside city or town limits, white RURAL and give nearest town) How long in above place of death? 2 years Hospital, institution, or street address where death occurred: 303 61st Street How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infonts give residence of mother) State Maryland County Prince George: S City or town. Capital Heights (If outside city or town limits, write RURAL and give nearest town) Street No. 303 61st Street (If rural, give LOCATION) 2.(a) th veteran, name war. 3. (b) Social Security Number
James Arthur Greer 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20, DATE OF DEATH July 13 147 2:45A
6.(b) Name of husband or wife Eda V. Greer 6.(c) If alive, give age 61 7. Birth date of deceased (mo., day, yr.) July 8, 1884	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from 19
8. AGE: Yeare Months Days It less than one dayhrsmln.	Immediate Case of death
9. Birthplace	Due to Thrombosis of femoral vein
12. Name Unknown 13. Birtholace Unknown	Diher conditions
14. Maiden name Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of deoth) Major findings of operations
Address 303 61st Street, Capital Height:	Autopsy results
17. Butial (Burial, cremation, or removal Which?) Cemetery or crematory. Selection Date thereof (month) (day) (year)	22. VIOLENCE: If desth was due to external causes, fill in the following: Accident, suicide, or homicide. accident Date of 6/12/47 Where did injury occur? Washington D.C. (City or town) (County) (State)
18. Funeral director W. W. Chambers & Ca. Address 5/7/1/4 & S. E. Capital Air, Ma.	Injured at home, farm, Industry, public place (where?) Ware house Meane of Third on floor Injured at work? Yes Deputy Medical Examiner 23. SIGNATURE Forestville, Md.

This man died July 13, 1947 at 2:45 A.M. at that time he was pronounced dead by Dr. Zimmerman.

The follwoing day Dr. Brainin, who had been away, signed the death certificate.

The informant Mr. Franklin A. Greer says that Jæs Arthur Greer, his father, was never a patient of Dr. Brainin's and that at no time since his death has Dr. Brainin seen him.

Autopsy did not show any evidence of coronary thrombosis, the cause of death given on the certificate.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF DECEASED: GEORGES (For newhorpfinfants give residence of mother) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long to hospital or Institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 6.(b) Name of husband or wife deceased (mo., day, yr.) 8. AGE: les ladv. 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,... Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) ... Injured af work? Meens of Injury Address 23. SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06238

Reg. Dist. No. 23/

1. PLACE OF DEATH: Les es	2. USUAL RESIDENCE (HOME) OF DECEASED: Eor newborn infants give residence of mother)
Olympian Seat Cleanant ma	State Ind sount fro Les Co
(If outside city or town limits, write RURAL and give nearest town)	City or town Seat Cleasant
now long in 200ve piace of death r	(If outside city or town limits, write RURAL and give negrest town)
Hospital, Institution, or street address where death occurred:	Street No. 7097 Central are Tul
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rosae E. Hamm	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION .
Temale white	74 Aul 41 2/5/12
1 194 1	20. DATE OF DEATH. L. J. M. 18 M. at
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ottended deceased from
	19 H2, 10 Glass 23 19 42
7. Birth date of deceased (mo., day, yr.) Zeh 4. 1859	ond that I fast saw h alive on Santag & D 19 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death
00	Mressia 12VK
mln.	
9. Birthplace	Due to Anthonoraleration Carolin 2100kg
(Town, county, and state)	Vascalar-Renal bluscase
10. Usual occupation.	Due to
11. Industry or business	
12. Name Nemy Bower 13. Birthplace	Other conditions.
13. Birtholace md (
	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Summons 15. Birthplace	Major findings of operations
El 15. Birthplace	
18. Interment Thera Lillian Bowler	Anlopsy results.
Address seat aleasant nd	PHYSICIAN: Flease underline the cause tu which death should he charged statistically.
Burial: - 0.1, 17 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, assection, or removal, Which?) (Burial, assection, or removal, Which?)	Accident, suicide, or bomicide
17.02.4	
Cemetery or crematory Constitution Constitut	Where did Injury occur? (City or town) (County) (State)
Location Grande Creation Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Basels 2002	Means of injury injured of work?
Address Stratterelle md ?	23. SIGNATURE DEM CASSELV
19. 7/207 19 47 amandah Durangah Durang	Address Vyber Marchara Md. Bate signed 24 Jalos 42



2411 N. Charles St., Baltimore

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N	Reg.	Diat.	No.	d	<i>T</i>	9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyPrince Georges	State D. C. County
City or fown	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 18 I. Street, N. E.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3 (a) FULL NAME	3 (b) Social Security Number
CHARLES H. HAT	RT
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Separated	20. DATE OF DEATH July 13, 1947, 21 9.30 P. M
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Freb 4, 1947 10 July 13, 1947
7. Birth date of	and that I last saw h. Lu alive on
deceased (mo., day, yr.) October 9, 1903	Immediais cause of death
8. AGE: Years Months Days if less than one day	Pulmonay Toberculosis 11 mo
43 43 9 4hrsmin.	
9. BirthplaceOrangeburg, South Carolina	Due to
10. Usuai occupationLaborer	
	Due to
11. industry or business	
E 12 Name Charles Hart 13. Birthplace Orangeburg, South Carolina	Other conditions Iseliconsected alisess 20 da.
	(Include pregnancy within 3 months of death)
14. Maiden name Rebecca Hartwell	
E 14. Maiden name Rebecca Hartvell 15. Birthplace Orangeburg, South Carolina	Major findings of operations.
	Date of op
16. informantDeceased	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. (Buridi, cremation, or removal, Which?) Date thereof (month) (day) (year)	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
washington D.C.	Injured at home, tarm, industry, public place (where?)
11 91)	Means of injury Injured at work?
18. Funeral director Aftill ! Fewer Fish	(D) : 00 M
Address # 130 "H" St. NE. Wash., D.C.	a consult of Lange her of inche and me
Allera WT Randa Plul	23. SIGNATURE M. D. or other
(Date 19 d by registrar) (Date 19 d by registrar) (Date 19 d by registrar)	Address Vlen Halo Ma Date signed July 3, 1947
1/	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
(If outside eity or town limits, write RURAL and give nearest town)	Run - Chrose	************
How long in above place of death?	(If outside eity or town limits, write RURAL and give nearest to	wn)
Hospital, Institution, or street address where death occurred:	Street No. /2 mi - west	***********
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME		
Jennie Foruse Hemsley	3. (b) Social Security Number	er
4. Sex 5. Color or face 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION	-
Female Col widowed	2D. DATE OF DEATH Of July 19 47 at 6	45 M
8.(b) Name of husband or wife Kandolph Hersley	21. I CERTIFY that death occurred on the date above stated; that I attended degrased fro	m
	3 klec 19.46 19 6 July	19.42
7. Birth date of deceased (mo., day, yr.) Quille 11, 1980	and that I last saw h. K. X. alive on 24 Guly	19.4/2
8. AGE: Years Months Days I fless than one day		DURATION
66 11 26 min.	Usemia He	days
8. Birthplace Prince Learge Co. A.	Due to Carles good mice Cardia U	nlo
8. Birthplace (Town, county, and staye)	Jaseway-Renal Listage	
10. Usual occupation	Due to	
11. Industry or business		******************
12. Name Batson 13. Birtholace	Other conditions	2 years
	(Include pregnancy within 3 months of death)	
14. Malden name minnie Gengel 15. Birthplace Mealows Ma	Major findings of operations.	
≥ 15. Birthplace Mastrus Md		
16. Informant Attal & States	Autopsy results.	
Address Brandy jume, Md	PHYSICIAN: Flease nuderline the cause to which death should be charged statistic	ally.
19 1 -1 1 Cle 111 1944	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory MANA A Company	Where did injury occur?	
Location Definition	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address morafectics	Robert B Source	-
10 Seles 9 10 to Ren Daught	23. SIGNATURE	1
(Dato rec'd by registrar)	Address Upper Marlvard, Md Date signed 6 2	My 4)



MARGIN

PLEASE WRITE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06241 Reg. Dist. No. 239

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant/prive residence of mother),
County Visited Global County	Howard Howard
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long In above place of dealh?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospijal, Institution, or street address where death occurred:	1
Warrens Hospital	Street No
How long In hospital or institution?	2.(a) It veleran, name war. World Wor 11
3. (a) FULL NAME Stonley Le Roy	Halmer 3. (b) Social Security Number 219-18-8022.
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	2D. DATE DE DEATH July 13 1947 21 8395
Blanche mas Halu	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
6,(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years flonths Jays If less than one day	acute Congestine
210 6 12hrsmln.	hear Soiling
manland	Due to Coronar pelusion.
9. Birthplace	
1D. Usual occupation.	Due to
11. Industry or business	
	Other conditions
12. Name Peston Holmes 13. Birthplace	
E 13. Birmpiace	(Include pregnancy within 3 months of death)
14. Maiden name FANNIE SARGENT, UIRGINIA.	Major findings of operations
15. Birthplace VIRGINIA.	Date of op.
16 Informant PRESTON V. HOLMES.	Autopsy results
Address SAVAGE, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, flil in the tollowing;
(Burial, cremation, or ramoval, Which?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory ARLINGTON NATY CEM.	Where did Injury occur?
101:41-1/1	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director J. ARTHUR WALTERS TUNERAL HOME	he not me decall (a.
Address 505 WARHING TON BLVD., LAUREL, MA	I referred to the state of the
H I Day & Il hard to	23. SIGNATURE M. D. or other
19. / - / 0 19 4 / COLO 6 //CELEL	Address Inestrally mate signed 7: 134
(Date rec'd by registrar)	11 Manicoommunity and an arrangement and an arrangement and arrangement arrangement and arrangement ar



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

CERTIFICATE OF DEATH

06242 Reg. Dist. No. 203

1. PLACE OF DEATH: County County City or town. (If outside city op town limits, write RURAL and give nearest town) How long in obove place of death? Hospital, institution, or street address where death occurred: Control of the county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother), Stale
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME SARAH JEWIER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEM ALE WHITE	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4 July 1942 at 1:10 Pm
6.(b) Name of husbaod or wife SAMUEL JEW/ER 6.(c) If alive, give age 60 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Branchagenic Carenana 5 mos. Right hing: Bue to.
1D. Usual occupation	Due to
12. Name. GEORGE CHUBOK 13. Birthplace Rossing	Other conditions
14. Malden name FANNY PHEFFERING 15. Birthplace RUSSIA	Major findings of operations Bravella gence Carcumoma Date of op 9pr 2, 1947.
16. Informant MORRIS JEWIER Address 6412-Elliot Pli	Autopsy results
(Burial, cremation, or perforal, Which?) Date thereof July (47) (aday) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homocide
Cemetery or crematory	
Location	Injured at home, farm, lodustry, public place (where?)
18. Funeral director B Dannanthy & Hon Address 3501-14 my 5+ NW	100 FIGHTHOS Samuel & N Lugar MA
19. July 4 19 47 amonda horoza	Endress Mf. Pairier Md Date signed 4 July 4:

i de li DELLE MALLED JUL 8 1947 BUX . AU * E.

MADVI	AND	CTATE	DEPARTMENT	OL	UFAITI
MARIL	AITH.	SIAIL	DECARIBLE	UF	REALL

2411 N. Charles St., Baltimore 13 4

06243

CERTIFICATE OF DEATH

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1	1	WI	
1		1/	
1	h	P	

Reg. Dist. No. 243

Y			
1. PLACE OF DEATH: county Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, while kulkar but give learest town) How long in above place of death?	Washington		
Plenn Dale Sanatorium	(If rurn), give LOCATION)		
How long in hospital or institution?1 yr., 5 mos., 26 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
GEORGE P. Jo	ONES 577-18-3087		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH JULY 2 19.47 21.650 P. 1		
6.(b) Name of husband or wife Virginia Pearl Jones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
0.(0) Name of husband of wife	JAN: 8 18 46 10 JULY 2 19 47		
7. Birth date of	and that I last saw h.i.m. alive on JULY 2 19.47		
deceased (mo., day, yr.) APTIL 10, 1005	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 2 yr. 4 mg		
62 62 2 15hrs.	min.		
9. BirthplaceEsmont, Virginia.	Due to		
Eveni ma ana			
10. 4344. 444-144.	Due to		
11. Industry or business			
12. Name George M. Jones 13. Birthplace Esmont, Virginia	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Annie Crobague 15. Birthplace Afton, Virginia			
afton, Virginia	Major findings of operations.		
7	Date of op.		
16. Intermant Decreased	Autopsy results		
Address			
12 removal Pate thereof July 2, 19	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof) / Accident, suicide, of nonincide		
Cemetery or crematory	Where did injury occur?		
Jestin Danville Va.	Injured at home, farm, industry, public place (where?)		
III las Comban	Means of injury Injured at work?		
0.1 5 6 11 1 1 1	\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc		
Address 1400 Clafon St., N.W., Wash. D.C.	- a signifiles & lanel (600 - timucane mx)		
1 1 - 45 Paul dd Phili	23. SIGNATURE M. D. or other		
19. (DateGrec'd by/registrar) Regi	Istrar Address Aftern Wale Mod Date signed 7-2-47		



2411 N. Charles St., Baltimore 13

06244

CERTIFICATE OF DEATH

~	3				0	112
1.	B	Reg.	Dist.	No.	0	43.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Clenn Dale Maryland	State D. C. Couoty			
City or town Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town			
Glenn Dale Sanatorium	street No. 2231 Ontario Road, N. W.			
How long in hospital or institution? 5 mos., 28 days	(If rural, give LOCATION) 2.(a) If veteran, name war			
3.(a) FULL NAME KATHRYN JONES	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	1			
	MEDICAL CERTIFICATION			
Female Colored Single	20, DATE OF DEATH. July 9, 18 47, 21 4. 43 P.			
6.(6) Name of husband or wife	21. 1 CERTIFY that death occurred on the date about stated; that I attended gleceased from			
7. Birth date of Norsembers 2 3036	Jan 10, 1947 10 July 9, 1947			
7. Birth date of deceased (mo., day, yr.) November 2, 1916	and that I keet saw half alive on 1947			
deceased (mo., day, yr.) NOVEMBOET 29 1910 8. AGE: Years Months Days If less than one day	Immediate cause of death			
o. Add.	Pulmonay Tuberculosis 9 mo			
JO JO 1 1 1	<u></u>			
9. Birthplace Prince Goorges Co., Maryland	Due to			
10. Usual occupation	Bush			
11. Industry or business	pue to			
≝ 12. Name Eugene Jones	Dther conditions.			
Eugene Jones 13. Birthplace ? Maryland				
# 14. Maiden nameAgnes Fletcher	(Include pregnancy within 3 months of death)			
15. Birtholace Washington, D. C.	Major findings of operations			
	Date of op			
16, Interment Deceased	Autopsy results			
Address				
17 Burite - Pate therent 7/10/47	22. VIOLENCE: It death was due to external causes, till in the toliowing;			
17	Accident, suicide, or homicide			
Cemetery or crematory mt Comel	Where did injury occur?			
Location upper marlbors md	Injured at home, farm, Industry, public place (where?)			
The sail of	Means of Injury Injured at work?			
18. Funeral director.	() . O P D.			
Address / Mills / Address / Mills	23. SIGNATURE & anel Leo Finicane MA			
19 July 9 1947 Howland & Plulys	of la Do md. M. D. or other			
(Date rec'd by registrar) / Registrar	Address Date signed			

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

age

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

of the				2	42
(d)	Reg.	Dist.	No.	d	$T \sim$

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State		
CHARLES M. JU	STICE 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH		
8.(6) Name of husband or wife Edna Justice 8.(c) If allve, give age 51 years 7. Birth date of deceased (mo., day, yr.) June 1, 1884	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 19.4 7. and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
63 63 1 13hrsmin.	Pulmonary Tuherculoris 10100.		
8. BirthplaceJefferson_City_Tennessee (Town, county, and state) 1D. Usual occupation Watchman and General night mgr. 11. Industry or business Atwood, Patuxent River Naval 12. Name William Justice 13. Birthplace Tidewater, Virginia 14. Maiden name Sarah Aldrich 15. Birthplace 2. South Carolina	Disclus Mollitus 7/2 mo Disclus Mollitus 7/2 mo Disclus Mollitus 7/2 mo (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
18. Informant	Autopsy results		
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location 18. Funeral director Address 19. (Date repl by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore 50 CERTIFICATE OF DEATH supplied. 1. PLACE OF DEATH: (If outside city or town limits, write RURAL NEAR and give town) UNFADING INK. Every item of information should carefully. Physicians: please write the causes of death clearly and legibly. Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days)

-6(c) If allve, give age

county, and state)

If less than one day

Registrar

23. SIGNATURE_

Stay in this community (yrs., or mos., or days)

Years

5. Color or race

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr

10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace

> 14. Malden name 15. Birthplace

Cemetery or crematory

18. Funeral directo

(Burial, cremation, or removal, Which?)

8. AGE:

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	StateCounty	
	City or fown (If outside city or town limits, write RURAL NEAR and give	rd No
	Street No. 4673 Normal Co. (If rural give LOCATION)	رم
j	2(a) IF VETERAN, NAME WAR	
	3. (b) Social Security	Number
	MEDICAL CERTIFICATION	
-	20. DATE OF DEATH	2., at 11:30 M
	1 0 7	sed from19
I	and that I last saw h letter on & flether	19. 7
	Immediate cause of death I had as France	Contra
	Due to Colicia car eccusia Briast	Zwa
	Due to	
-	Ditter conditions it a statue Carelinaina	6 with
ı	(Include pregnancy within 3 months of death)	7
	Major findings: Willy 1945 Lift Rudich	PHYSICIAN Please underlin
	Thate clausy - (Minocoroursine	the cause to which death should be charged statisti-
ı	Of autopsy	cally.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide Date of	
	Where did injury occur? (City or town) (County)	(State)
	injured at home, farm, industry, public place (where?)	
-	Means of injury tnjured at work?	

VS A15

PLEASE WRITE PLAINLY, WYLK I correct age is especially important.

MARGIN RESERVED FOR BINDING

JUL 15 '947

Here and the state of the state

1. PLACE OF DEATH:

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

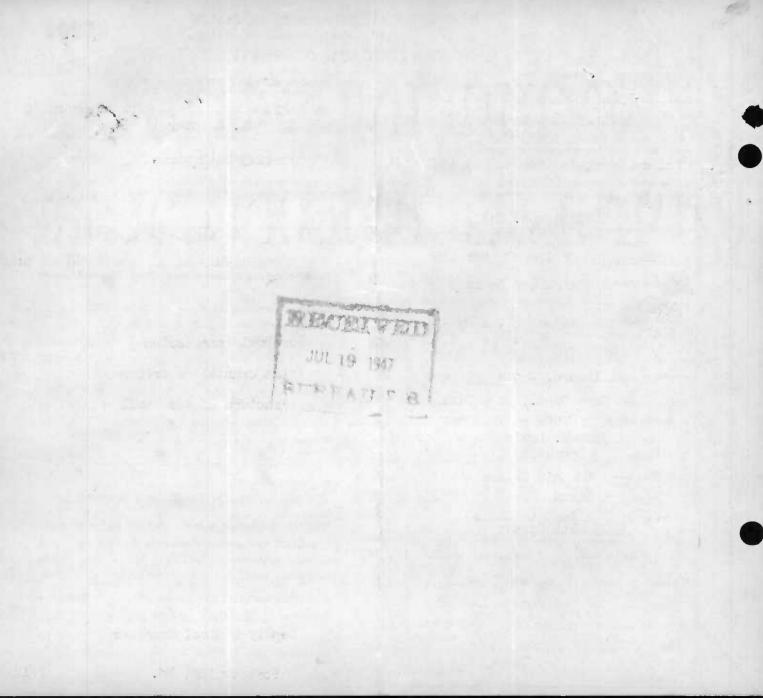
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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

CERTIFICATE OF DEATH

06247

county Prince George's	(For newborn infants give residence of mother)			
C C	Maryland Prince George !s			
City or town	Cily or town			
How long in hospital or Institution?26hours				
3.(a) FULL NAME William B. Lewis	3. (b) Social Security Number			
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE OF DEATH			
6.(b) Name of husband or wifeElizabetin Lewis 6.(c) If alive, give age ye	21. I CERTIFY that death occurred on the date above slated; that Lattended deceased from			
7. Birth date of	and that I last saw halive on			
deceased (mo., day, yr.) August 27, 1899	Immediate cause of death			
8. AGE: Years Months Days II less than one dayhrs	Cerebral compression			
9. BirthplaceHillsborg, Texas (Town, county, and atate) 10. Usual occupation. Navy. Dept., Gage. Division	Due to Intra cranial hemorrhage Due to Fracture of the skull			
11. Industry or business Ordnance engineer				
12. Name John W.a. Lewis 13. Birthplace Kentuckey	Other conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Edmonia Truman 15. Birthplace Texas				
El 15. Birthplace Texas	Date of op			
16. Informant Elizabeth Lewis 4223 24th Street	Autopsy results			
Address 17. Burial Date thereot (month) (day) (year) Cemetery or crematory Celebrat Hill Celebrat Location Maryland 18. Funeral director Last S. H. Beine Co	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide			
Address 2901 14TH St MW. 19. 7/12 1947 Amanda Dana Registrar)	Deputy Medical Examiner 23. SIGNATURE M. D. Or Other Address Forestville, Md. Bate signed 7/12/47			



RESERVED



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Gruce Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother)			
100 mg	State Hew york county			
City or town				
How long in above place of death? Tours Days	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street Ho. 901 De Kalb ave.			
5710 Home St.	(If rural, give LOCATION)			
Now long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Lawernce Theodore 7	nobley			
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male Tleans Widowed	2D. DATE DF DEATH. July 2.3. 19.47, 01 / 13 A. M.			
11 to G 1 11 120 10				
8.(6) Name of husband or wife. Datie Jaabelle Mobley	21. I CERTIFY that death occurred on the date above atated; that f attended deceased from			
	July 19 1047 10 July 23 1847			
7, Birth date of years	and that Wast saw h alive on Study 22 1947			
decoased (mo., day, yr.) / Jay, 1886	Immediate cause of death OURATION			
8. AGE: Years Months O Days If less than one day	Consective Heart Failure 2 his.			
6/2hrsmin.				
100 = 50	The state of the s			
9. Birthplace	Due to Cardio- Cascular Disease whow			
to I want				
1D. Usual occupation	Buero Oneumonia Bilateral 4 wks.			
11. todustry or business				
12. Name Muknowu	Other conditions Security			
12, Hame	\overline{A}			
	(Include pregnancy within 3 months of death)			
14. Maiden name Muknowe	Major findings of operations			
14. Maiden name. Auknowie 15. Birlhplace	Date of op.			
mes. Dirletta Largina Waites				
16. Informant /) Ma. U Coca Davidure Marie	Antopsy results			
Address 5710 Name St.				
7/23/47	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide			
	Whore did injury occur?			
Cemetery or crematory.				
Location Clandred War of War	Injured at home, farm, industry, public place (where?)			
18. Funeral director Stobert L. MC Surre	Meano of Injury Injured at work?			
100-040 OHWIII	1 1/1			
Address / 8 20 - 9 TR 51 / 10.	23. SIGNATURE To Frull, 1 Cotingen, M.D.			
July 23 117 /monda Warnay	M. D. or other			
(Date reo'd by registrar) Registrar	Address DON Gastin we N.E Date signed 7/23/47			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICATE OF DEATH

1. PLACE OF County Pr	DEATH ince	Georges			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town Hyattsville, Md. (If outside city or town limits, write RURAL und give nearest towo)						State Maryland County Prince Georges				
How long in above place of death?					City or town					
Hospitat, Institution, or street eddress where death occurred:					Street No. 502338th Ave.,					
	***********		•••••••	•••••••••••••••••••••••••••••••••••••••	•••••	(If rural, give LOCATION)				
How long in hospi		tution?	**************		*********	2.(a) It veteran, name war				
3. (a) FULL N	AME	MOORE,	GEORGE	W.		3. (b) Social Security Number				
4. Sex	5.	Color or race	b.(a)Single	, married, widowed, or divorced		MEDICAL CERTIFICATION				
Male		White	Mar	ried		20. DATE DF DEATH. 19 47, 21 M				
6.(b) Name of hus	band or wi	te Martl	na I. N	loore		21. I CERTIFY that death occurred on the dale ebove stated; that I attended deceased from				
) If allve, give age		Jus 1 1947, 10 July 2 7 1847				
7. Birth date of deceased (mo.,		April 8			I care	and that I last saw h and alive oo the same alive of the same aliv				
	Years	Menths	Days	It less than one day		Immediate cause of death				
	90			hrs	mln.	Che myreudites				
9. Birthplace		Maryland	1			But to				
				tate)	*********	Due to				
10. Usuat occupat	lton			÷		Due to				
11. Industry or but		Reti								
12. Name		cai Moon			3	Dither conditions.				
Malden n	2000	Eliza I	oveles	s		(Include pregnacey within 8 months of death)				
14. Malden n 15. Birthplace		Mary				Major findings of operations.				
						Date of op.				
						Autopsy results				
			,	E. Washington		22. VIOLENCE: If death was due to external causes, fill in the following;				
17. Bull (Burial, erems	rial	emoval. Whieh?)	Date there	of July 29 (month) (day) (yea	1947	Accident, suicide, or homicide				
Cemelery or orematory. Epiphany Episcopal Cemetery					Where did injury occur?					
		tville,				Injured at home, farm, Industry, public place (where?)				
	^	- //	- 1	/		Means of Injury tnjured at work?				
18. Funeral direct	or A. A.	ichal		Limbons DC		(1) A 2 - B				
		4	ve.,	.E., Wash. DC		23. SIGNATURE JOHN Jene Donne				
19. (Hale rec'd)	y registra	19.47	·	ha Jas Son	en l	Address. 301-131 & Bate signed 7/27/4				



2411 N. Charles St., Baltimore

06250

CERTIFICATE OF DEATH

do				n	11-	_
CB	Reg.	Diat.	No.	d	4	1

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
577-36-0481
MEDICAL CERTIFICATION 20. DATE OF DEATH. JULY 5 1947 217:10 P. IN
21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from 3 - 4 - 7 - 19 to 7 - 19 // 2 and that I last saw h / A.D. alive on 7 - 5 19 // 2 Immediate cause of death DURATION PULMONARY TUBERCULOSIS
POLMONNEY TOBERCOLOSIS TO MA
Due to
Autopsy results PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The estimation is especially important. Physicians: please write the causes of death clearly and legibly.

correct age



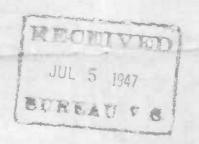
MARYLAND STATE DEPARTMENT OF HEALTH

2411	14"	Cna	iries	St.,	Dait	imo	re	1	2	10
		-				_	_	 	_	

CERTIFICATE OF DEATH

re A			
COL	1/PLACE OF DEATH: Deorge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
- 6C	City or town(If outside vity or town limits, write RURAL and give nearest town)	State County County County	<u></u>
nd	How long in above place of death?	(If outsidekity or town limits, write BURAL and give nearest town)	
refu y a	Hospital, Institution, or street address where death occurred:	Street No. Bright Seat Toad	******
earl	Now	(If rural, give LOCATION)	
tion h cle	How long in hospital or institution?	2.(a) It veteran, name wer.	******
informati of death	3. (a) FULL NAME Thomas Harold 7	3. (b) Social Security Number	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
of 1ses	male Caloned Suglo	20, DATE DF DEATH. 18 18 18 18 18 18 18 18 18 18 18 18 18	A
cal	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended daceaced from	
ry i	6.(c) If alive, give ageyeare	19	• • • • • • • • • • • • • • • • • • • •
rite t	7. Birth date of	and that I last cow halive on	_
ply	deceaeed (mo., day. yr.) 8. AGE: Yeare Months Days If less than one day	Immediate cause of death	ION
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Jag /	9. Birthplace (Town, sounty, and state)	Due to Congenital heart delegal	1
is:	(Town, Jounty, and atate)		
ADING INT Physicians:	1D. Usual occupation	Due to	
DIN	11. Induetry or businage		
Ex.	12. Neme Jesus Harris	Other conditions	
VITH UNI important.	13. Birthplace	(Include pregnancy within 3 months of death)	
TH	H 14. Malden name. Celebrate Succession Recommon	Major findings of operations	
	15. Birthplace	Date of op	
Y. 113	16. Informant alberta I Newman	Autopsy results	
PLAINLY, is especially	Address Janlover, hid	22. VIOLENCE: If death was due to external cauces, fill in the following:	
esp	(Burial, cremation, or removal. Wilich?) Date thereof (may big (day) (year)	Accident, suicide, or homicide	
	()MI (OTOMO)	Where did injury occur? (City or town) (County) (State)	
ITE	Cemelery or crematory	Injured at home, farm, industry, public place (where?)	
WRI	Location CO FLORIDA CO	Meens of Injury Injured at work?	
SE	18. Funeral director	heraity mederal framene	1
V	Address Milebellarible 900	23. SIGNATURE 23. SOME	
PLE.	19 July 1977 Koustofull	For extently by A . 7-1-4	17
	(Date rec') by registrar) Registrar	Address Date signed Address	ang

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9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

06252

CERTIFICAT	TE OF DEATH Reg. Diat. No. 231			
1. PLACE OF DEATH: Counly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced which warred	MEDICAL CERTIFICATION 20. DATE OF DEATH			
6.(b) Name of husband or wife 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Fown, county, and state) 11. Industry or business Acceptable County and state of the county of the coun	and that I last saw h. alive on 19. Immediate cause of death. DURATION Due to logical and believe to the conditions.			
12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address 17. Determination, or removal. Which?) Cemetery or crematory. Localion 18. Funeral director. Address Determination of removal. Which?) Address Develop 27 19 47 States & Heaterle	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Oty or town) Injured at home, farm, industry, public place (where?) Manne distribute 23. SIGNATURE M. D. of Other			

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AUG 5 1947

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

Evidence	for	corrections	is	shown	2411 N.	Charles	St., Balti	more	1310
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1	b	V	F	U	U

CERTIFICAT	E OF DEATH Reg. Dist. No.
Delace OF DEATH: Obunty PLACE OF DEATH: Other Control of Control	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced Female W Wilder 6.(b) Married 6.(b) Name of husband or wife Ochmler, Louis Alexander	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of June (4) 1885 6. (c) It alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day (2) hrs. min. 9. Birthplace George foun Washington C. (Town, county, and state)	and that I last saw h
11. Industry or business 12. Name Sidwelly Levi 13. Birthplace 14. Maiden name Biggs, Margaret	Other conditions
14. Maiden name. 18. 15. Birthplace 18. Informant 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Antopsy results
Location 1B. Funeral director Communities Address Address 19 July 24 (1847) James Server (Date reed by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Misans of Injury Legislative Control of the Control of



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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IF	IC	AT	E C	E I	DE	TA	H	

243.

	Reg. Dist. No.
1. PLACE OF DEATH: county Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State D. C. Coucly City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1/110 First St., S. W (If rural, give LOCATION)
How long in hospital or institution?3mosy	2.(a) it veteran, name war
3. (a) FULL NAME Raymond A Only 4. Sex Scolor or race 6.(a) Single, married, widowed or divorced Male Colored Married	3. (b) Social Security Number MEDICAL CERTIFICATION
Male Colored Mailted	2D. DATE DF DEATH
6.(6) Name of husband or wife Alice C. Onley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. to 7.3.19.4.7. and that I last saw h
	Pulmmany Tupinonlous - 6 900, 1900,
9. Sirthplace	Due to
13. Birthplace Montgomery Co., Maryland 14. Maiden name Agnes Henson 15. Birthplace Prince Georges Co., Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Deceased	Antopsy results
(Burial, cremation, or removal, Which?) Date thereot	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Location	Means of injury injured at work?
18. Funeral director Center of the Food Address 13, 13 - 4 th St. S. W. Wash. D. C. 19. Onto dee'd by registral) (Dute dee'd by registral) Registrar	23. SIGNATURE Davil Leo Pinican M.D. or other Address Glenn Dale M.D. Dale signed 7/3/44
(Date let a na registrar)	Audicos Anna Control of the Control

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, WITH UNF. is especially important.

carrect age

VS A15

WRITE

PLEASE



CERTIFICATE OF DEATH

age	2411 N. Charl	PARTMENT OF HEALTH	06255
ect	CERTIFICAT	CE OF DEATH	Reg. Diat. No. 247
death clearly and legibly	1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitai, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn thrants give residence of mo State Ounty (If outside city of town timits, v Street No. (If rural, give Le	write AURAL and give nearlyst town)
on co	How long in hospital or institution?	2.(a) If veteran, name war	
information of death cle	3. (a) FULL NAME Charles B. Pettif		3. (b) Social Security Number
inf	4. Sex 5. Color or race 6.(a) Singles married, widowed, or divorced	MEDICAL CER	RTIFICATION
of ises	M white single	20, DATE OF DEATH	1947 1254
ADING INK. Supply every item of Physicians: please write the causes	6.(6) Name of husband or wife	21. I CERTIFY that dealth coursed on the date above	stated: that attended deceased from
ly e	deceased (mo., day, yr.) approx 28 - 1866	Immediate cause of death	DURATION
upp]	8. AGE: Years Months Bays If less than one day	Conjectue	reach
. S	8/ hrs. min.	X	9 000
NK 18:	9. Birthpiace (Town county, and state)	neine dise	
Gian	10. Usual occupation Alo VIII	Due to	
OIN	11. Industry or business		
fr.	12. Name 12. Name 13. Birthplace Charles 14.	Other conditions	
WITH UNF important.		(Include pregnancy within 3 mo	nths of death)
WITH impor	14. Maiden name 100 34 Charles 15. Birthplace Was Muniton J. C	Major findings of aperations	
	El 15. Birthplace Washington 17.		Date of op
LAINLY, especially	16. Informant	Antopsy results	h death should be charged statistically.
PLAINLY, is especially	Address / 8 3 0 // 11 11 11 11 11 11 11 11 11 11 11 11	22. VIOLENCE: If death was due to external cause	s, fill in the following;
oLA es	(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
E . Si	Cemetery or crematory. Conglessional	Where did Injury occur?(City or town)	(County) (State)
WRITE	Location Washington, ooc	Injured at home, farm, Industry, public place (when	
	18. Funeral director W. W. Chambers Co	Means of Injury	Injured at work?
PLEASE	Address 5/7 // 1/0 St 2. E.	0	0
LE	0 0 7 117 0 46 10.00	23. SIGNATURE ALL LAND	I D. or other
4	18 July 19 4 arrec J. Compred	(Anna Diet)	hul 7.71

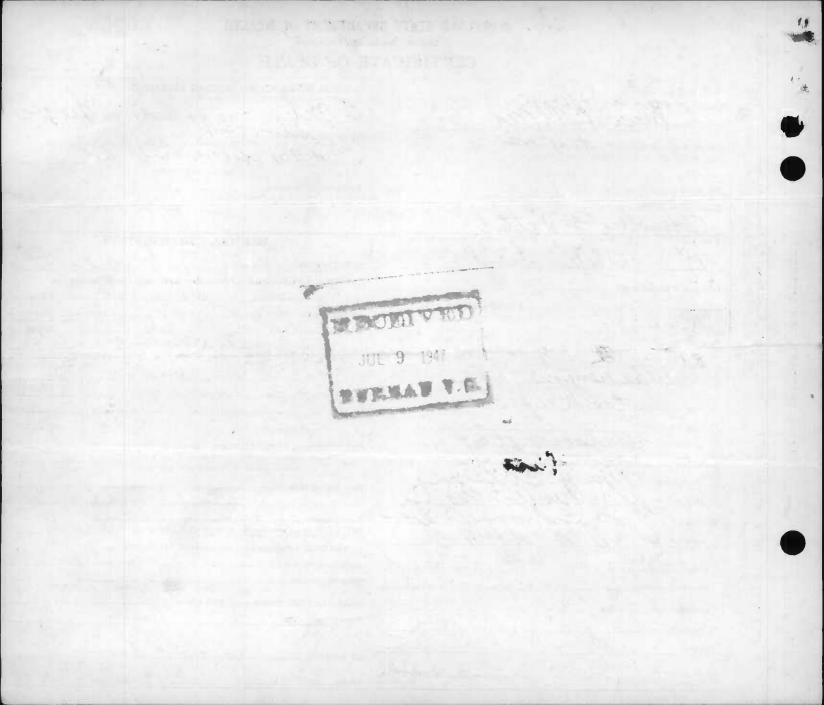
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9-45-15M

VS A15

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

06256

Pag Diet No 23/

M.		
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Ä	county Oro, Leo. County.	(For newborn infants give residence of mother) Nasyland County (S) Zeo Co.
	City or town wilder croft md. (Siate Maryland County Cro Leo Ce.
	(If outside city or town imits, write RURAL and give nearest town)	City or town SV sider Croft md.
1	How long in above place of death?	City or town
1	Hospital, institution, or street address where death occurred:	Street No
	***************************************	(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	James nevett of	
		Jeiffer 579-07-6457A.
	4. Sex 5. Color of tace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male white married	2D. DATE DF DEATH. July 9, 19 44/21 J. PM
1	0 H (D/1/1	
	6.(b) Name of husband or wife Cosella Gleffer	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
		January 945 19 to 19
		and that I last saw h. J. Man alive on
	deceased (mo., day, yr.) May 19, 1870,	Immediate cause of death
	8. AGE: Years Months Days If less than one day	anging Rectais one year
	72 2hrsmin.	
	Baltimore ml	C- C- C- C- Q- Q-1- Q
1	9. Birthplace	Due to Dansey after Cleaners D. 10 year
	T- mason	
	10. Usual occupation	Due to
	11. Industry or business) Construction	
	# 12, Name James Z. O. Lenfer	Dither conditions
		(Include pregnancy within 8 months of death)
	14. Maiden name Lanna E. Elifford 15. Birthplace Baltimore, Ind	Major fiadiugs of operatious
	5 15 Virthalogo Baltimore, Mid	
	De A. H. Plaill	Date of op.
	16. Informant 113 Costilla Target	Autopsy results.
	Address evildercroft mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	P. + 1 (2) 11 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Rurialy cremation, or removal. Which?)	Accident, suicide, or homicide
	Cod. Hill Cemetery	Where did injury occur?
	Cemetery or crematory	
	Location Zulkank Ind	Injured at home, farm, industry, public place (where?)
	7 Lasche sons	Means of Injury Injured at work?
	18. Funeral director	0 0 0 0
	Address Hyallerille Ind	a course by an I course IM D
	7/11/ 1 Pug dallacon	23. SIGHATURE M. D. or other
	19. 1947 Umanda Novino	1 2 1 Mondal MUR Bata signed //0/97



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06257 2454 P Reg. Dist. N. 145 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	10-
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town [If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
3 Th any allison sto	Sireet No. 1828 Nowlon At MC
	1/
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Righard Parvell	3. (b) Social Security Number
Justin Journe	
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
touch White Dunds	1 930p
made post of person of	2D. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) during 19 5	Immediate cause of death
8. AGE: Years Months Days If less than one day	asplanta
hrsmin.	
land to	Due to Alronnia
9. Birthplace. (Toyle, spunty, and state)	DUE 10.
10, Usual occupation. Surfales.	
1 1 0	Due to
11. Industry or business	/
12. Name Realand Powell III	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Veller Trock	(include pregnancy within a months of death)
14. Malden name Nellen Groel 15. Birthplace Baltimere And	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informant Mrs Helen Commillant	Autopsy results.
Address / 8 28 ne to 1+. N.E. O.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D in 7/4/47	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicidelle Dete of
Cemetery or cremator Couden VK Ceme	Where did injury occur? And (City of town) (State)
Died m. Cl	(Cify of town) (State)
Location 2017	Injured at home, farm, Industry, public place (where?)
18. Funeral director D. H. Hings	Means of Injury Crowned Injury Injured at work?
1901-14711 17 1191	bleguty medical former
Address A M M M M M M M M M M M M M M M M M M	23. SIGNATURE
1. 7/2/ wifty Kmandon Decemen	M. D. or other
(Date rec'd by registrar) Registrar	Address Acties Date signed Date signed

JUL 7 1947

1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

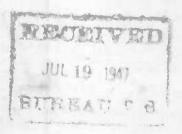
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2. USUAL RESIDENCE (HOME) OF DECEASED:

06258

CERTIFICATE OF DEATH

County Pr. Geo.				(For newborn infants give residence of mother)	
Cheverly				State Md. County Pr. Geo.	
(If outside city or town finite, write KOKAL and give nearest town)				Cheeme	
				(If outside city or town limits, write RURAL and give nearest town)	
Hospilal, tasiltution, or stroot addross whore death occurred: Pr. Geo. Gen 1				Street No.	
			***************************************	(If rural, give LOCATION)	
How long in hospital o	or Institution?	days	***************************************	2.(a) If veteran, name war	
3.(a) FULL NAM	1E			3. (b) Social Security Number	
Rawli.	ngs, Mrs.Li	llie		S. (b) Social Security Manuel	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		MEDICAL CERTIFICATION	
F'	W		M	7-11 19 47 3:25a M	
		!		20. DATE OF DEATH 19 41 , at J. 2 Ja M	
6.(b) Name of husband	or wife Mr. Art	hur Ra	wlings	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	*************************	6.((e) If alivo, give agoyoar:	July 7 194/10 July 12 194/	
7. Birth date of decoased (mo., day.	3.5	rch 12		and that last saw h	
8. AGE: Yoar	-	Days	If less than one day	Immediate cause of death	
47				Cuptured avanan cyps / his.	
		1	hrs min.	- Y hemovohade	
9. BirthplaceM	d.			Duo to.	
	Housewif	, county, and	state)	/	
10. Usual occupation.	Honsenti			Burker	
11. Industry or busines	22			900 tu	
25	Albert Cu	rtin		Mario rober destro	
12. Name	Md.		***************************************	Other condition Mank affirmations	
13. Birthplaco	W.Q.			(Include pregnancy within 3 months of death)	
14. Malden namo	Suzanne	Taylo	r	DL 1. 4 1+	
15. Birthplace				Major findings of operation CT Transact Cypt, Am plants	
-1 15. Birthplace				Date of op.	
16. Informan1	************************			Antopsy results Milshmal abstruction (P.)	
Address				PHYSICIAN: Please underline the cause to which death should be charged statistically.	
12.	. 0		Par 111. 19114	22. VIOLENCE: If doath was due to external causos, fill in the following:	
(Burial, cremation	n, or removal. Which	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
	*/L-P1	2	& Pemeleres	Where did injury occur? (City or town) (County) (State)	
Cemetory or cremat					
Location Groom, maryland				Injured at home, farm, Industry, public place (whore?)	
18. Funeral director	arthu	1 2.	Sumas	Means of Injury tnjurod af work?	
		0 /	2 0 -	a adapted all	
Addross 20	1- M	chas	parts.	23. SIGNATURE Small at Bukkel Mgn	
10 7/12	1 47	· les	manda / Wleum	23. SIGNATURE M. D. or other	
(Date rec'd by re	egistrar)		Registrar	Addross 1746 K At 21 W Date signed 7/12/47	
				Wash de	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

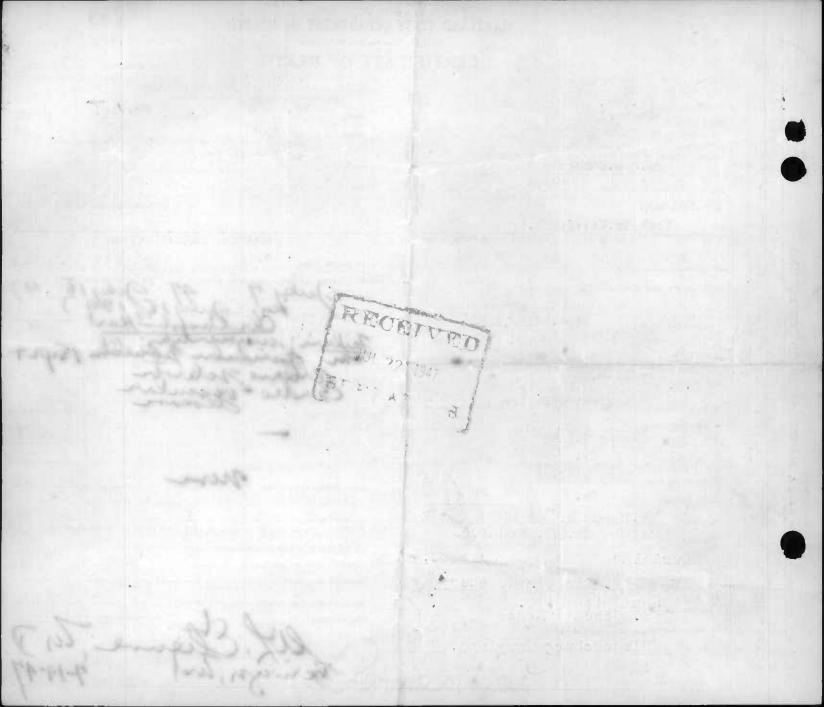
CERTIFICATE OF DEATH

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Pr.Geo.			
	Cheveriv		State Md.	County Pr.Geo.
City or town	If outside city or town	limits, write RURAL and give nearest town)	Berwyn	
	ace of death? 8day	78	Gity or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above piz	or street address where	e death occurred:	SOOF ASH Are	
P	r.Geo.Gen'		Street No.	give LOCATION)

Hew long In hospital	l or Institution?	8days	2.(a) If veteran, name war	
3. (a) FULL NA				3. (b) Social Security Number
• 1				
Ro	ok, Mr.Will:			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	L CERTIFICATION
M	W	M	20 DATE DE DEATH 7-19	19. 47. "ат 3:25а. м
314	• • • • • • • • • • • • • • • • • • • •		ZU. VAIC DE DEATH	
1.1765			21. I CERTIEN that death occurred on the de	ate above stated; that lattended deceased from
			Chely 7	19 7/ to colors 10 19.
***************************************			den /	July 18/1. 19/4) 10
7. Birth date of	Cas	pt.28th ,1869	and that last saw halte on	and the anti-
deceased (mo., da	-71 7		Immediate cause of death	DURATION
o. Adb.	ears Months	Days If less than one day	Jachen Misse	and the second
78		hrs. min.	toler purche	en tramen 15427
10	less with I day Obs		Millon a -A	- a colori
9. Birthpiace	ranklin, Oh:	n, county, and state)	Due to	() - b
	(Town	n, county, and state)	Cender-13	section
10. Usual occupation	Carpent	er(Retired)	Due to.	agerr
			508 (U	
11. ladustry or busi	iness 73	Doole		
12. Name	Thomas E.	KOOK	Other conditions	
13. Birtholace	Pa.			
		14	(Include pregnancy within 3 months of death)	
里 14. Malden na	me Mary Al	lison	Major findings of operations.	
14. Maiden nai	Pa.			Data of on
		/ \		Date of op
16 Informant	Mr. Thomas	E.Rook (son)	Aotopsy results	
	411 2nd St.	.S.E. Wash.D.C.	PHYSICIAN: Please underline the cause	to which death shoold he charged statistically.
Address	111 0110 00		22. VIOLENCE: If death was due to exter	rnal causes, fill in the following;
47 Buri	al	Date therent July 22, 194	7	Date of
(Burial, cremat	tion, or removal. Whic	Oate thereof July 22, 194 (month) (day) (year)	Accident, Suicide, or nomicide	
00	Tt Li	nceln Cemetery Mo	Where did injury occur?	town) (County) (State)
/				
Location	ashington		Injured at home, farm, industry, public pl	ace (where?)
	F. Gasch	S SOAS	Means of Injury	Injured at work?
18. Funeral directo	or t	ascha Cons	010	W/1
Address	Bladensb	urg Maryland.	107.6	Vienne W.V
Address	Diacolio	1	23. SIGNATURE	M. D. or other
. 7/3	20 .11	7 amanda Novon	as The reverse	1-19-47
(Data rec'd by	y registrar) 19. 4	Registra	Address	Date signed
7.00 4 5.			/ //	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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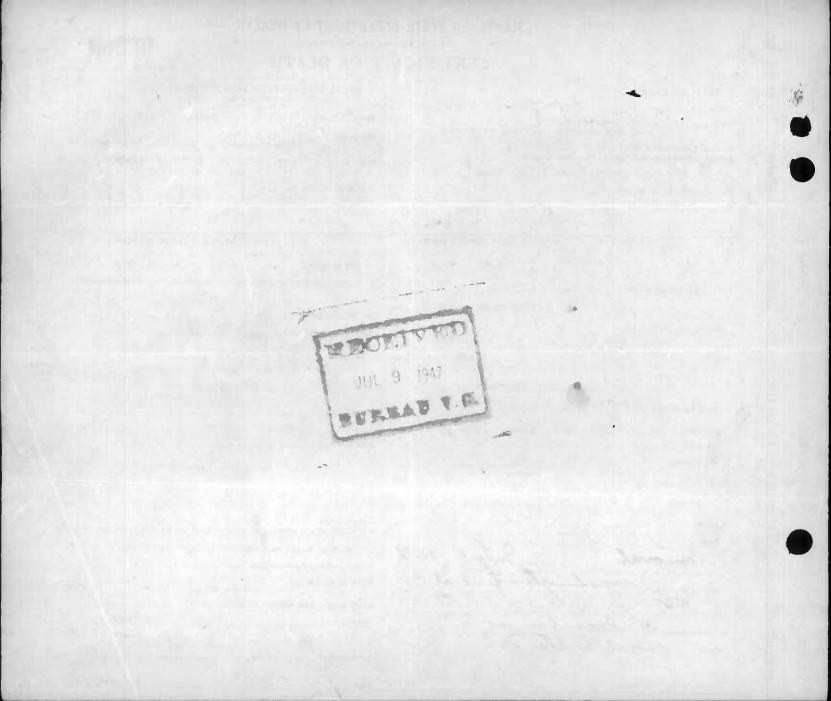
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

06260

Reg. Diat. No. ..

	No.
1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothgr)
County	Statema land gount Prince Joyle
(If outside city or sown limits, write RURAL and give nearest town)	City or town. (If dutside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Plant Rd
2 duranter food	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME arobelle Fields	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Devole Calored, manuel	20. DATE DF DEATH. 3 19 9 al 12 4
8.(b) Name of husband or wife Lee S	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
8 (c) If alive give age & 6 years	
7. Birth dale of deceased (mo., day, yr.) Quey / 19/3	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate canon death DURATION
33 // 3min.	
9. Birthplace	Due la John French
(Town county, and state)	
10, Usual occupation.	Due 10
11. Industry or business	Dther condilions.
12. Name Tullo	
14. Maiden name. Henribltu Hebban 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace males	Dale of op.
16. Informani Jee S. Loss	Antopsy results.
Address Beltonlls hu	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal Bale therewally 3. 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	And the state of t
Cemelery or crematory.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location Control Contr	Means of injury Injured at work?
18. Funeral director.	Loopity medical com
Address Styallerelle Ma.	23. SIGNATURE. M. D. or other
19 July 3 1947 Journ Severs (Date registrar) Registrar	16 martial 11 km 73 10



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06261

CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH: County City or town Clumbia Park, Sandow (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town County C
How tong in above place of death? Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James O. Sands	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife lessie Sauls	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of C. C. Stralive, give age years	and that I last saw haliye, on
deceased (mo., day, yr.) Dec-17-1897	Immedial ause of death Pulumany DURATION
8. AGE: Years Months Days It test than one day	Indurculosis J 2 years
a Ritholan Wash - we	Oue ta
10. Usual occupation acido mechantic	Due to
11. Industry or business	DUE 10
12. Name Haraly Sauchs 13. Birthplace Was hing for - we	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name termina walker 15. Birthplace) Washing for a.e.	Major findings of operations. Manual
E 15. Birthpiaco Washing for	Date of op.
16. Informant Jessee Sauds	Autopsy results
Address Columbia Cark, Landoner, and	22. VIOLENCE: tt death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Wishington nath Census	Where did injury occur?
Location Sulland Rd Maryland	Injured at home, tarm, industry, public place (where?)
18. Funeral director low Charceles (6	Meens of Injury Injured at work?
Address 5,77-11 SMS. E.	23. SIGNATURED DASFOR TWATERS MA
19. 7/15 1947 Umanda Downey (Date reck by registrar) Registrat	Address 5306 annopolis Pe, Hyptswitte Drigher 13 47



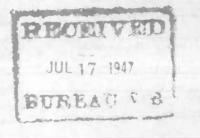
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93 de

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
Cily or town	StateCounty
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3033 P. M. W.
Social Deling Done	(If rural, giva LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Doro a Schmit	3. (b) Social Security Number
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fremale While Single	20. DATE OF DEATH 2012 147 21 2 8 M
6.(b) Name of husband or wife	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	July 1 1947 to July 13 19 47
7. Birth date of S.(c) If allve, give age years	and that I last Saw h. L. alive on July 3 19 47
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	arteroceleste Kearl disco 2 years
Q2 .	
9. Birihplace (Town, county, and state)	Due to
10, Usual occupation.	
11. Industry or business	Due to
12. Name Sella 13. Birthplace	Dither conditions
# 14. Maiden name translating Saling	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Major findings of operations
≥ 15. Birthplace	Date of op.
16, Informant	Antopsy results.
Address 11420 D D XX X E.	PHYSICIAN: Flease underline the cause to which death should he charged statistically.
17. Buil Date thereof July 16, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location & Cashington D.C.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Robert Almatical	Means of Injury Injured at work?
Address /31-112 x188 Wash. D. R.	of attains
	23. SIGNATURE Thomas & Collins M.D.
10 (Data reo'd by registrar) 1947 (Data reo'd by registrar) Registrar	Address 322 - Horne Date signed 7-14-4)



MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

CERTIFICATE OF DEATH

06263

Reg. Dist. No. 23/

1. PLACE OF DEATH: County Prince George's		2. USUAL RESIDENCE (HOME) 0 (For newborn infents give residence of	mother)			
City or fown (If outside city or town limits, write RURAL and give nearest town)			State Maryland Co.	Prince Geor	rge	
City or fown(If outside	city or town limits,	write RURAL and	give nearest town)	Tarren		
How long in above place of dea	th? 14 d	lays, 7克h	ours	(If outside city or town limits	s, write RURAL and give neares	st town)
Hospital, institution, or street	address where death	occurred:		Street No. Almshouse	•••••••	
Prince Geor				(If rural, give	LOCATION)	
How long in hospital or instit	ution? 14 da	ys 7克 hou	r.s	2.(a) if veteran, name war	•••••••	
3. (a) FULL NAME	A-30				3. (b) Social Security Nu	ımber
DAVID	SHAFFER				4.	
4. Sex 5. C	olor or race 6.	(a)Single, married, wi	dowed, or divorced	MEDICAL C	ERTIFICATION	
Male W	hite	Divor	ced 1	20, DATE DF DEATH July 16,	10 47	7:15Pm
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B.(b) Name of husband or wif	e			21. I CERTIFY that death occurred on the date abo		
7. Birth date of		6.(c) If alive, giv	e ageyears	and that I last saw h. I.M. alive on 16		
7. Birth date of deceased (mo., day, yr.)	July 14.	1864			_	
8. AGE: Years			an one day	Immediate cause of death	2 00/ 0	DURATION
83	0	2	hen min o	Caucir Caroni	ma	
		-			PIR	
B. Birthplace	urel, Md.	A-A-A-N		Oue to Trimary Cares	whice tread Vie	
B. Birthplace		with melastan	to lover.			
10. Usual occupation		Due fo				
11. Industry or business	*					
E 12 Name Charles F. Shaffer			Other conditions			
12. Name Charles F. Shaller 13. Birthplace Md.						
			(Include pregnancy within 3			
14. Maiden name Jane F. Purcell 15. Birthplace Va.		Major findings of operations				
El 15. Birthplace	Va.				Date of op	
16. Informant	Self			Autopsy results SEE ABOVE		
	A*9			PHYSICIAN: Please underline the cause to w	hich death should he charged sta	tistically.
Address		17.	-18-11-1	22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
(Burial cremation, or removal, Which?) Date thereof (month) (day) (year)		Accident, suicide, or homicide	Oafe of			
1H Oly (a (1) - 17/2 16		Where did Injury occur?(City or town)		(State)		
Cemetery or crematory						
Location State Adapt For O		Injured at home, farm, industry, public place (v		*********************		
1B. Funeral director	1. John	12/10	1	Means of injury	injured at work?	
10/1		0/16	a Min	0 0		
Address 1777	11/1	1199111	1/2	23. SIGNATURE LESLIE TUS	reh mo.	
10 7/18	1047	amand	a Doursey	6803 PINEWAY COLL.	HTS. HYATTSVILLE	other O
(Date rec'd by registra	r)		Registrar	Address	Date signed	7 willy 4

JUL 19 1947
BURBAU C B

YAND M

A 6. 5

Recei French WA

THE STORY COLL WITH HIS THE LOSS WITH FERST

BORGA BA

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

.. Date signed......7/25/47

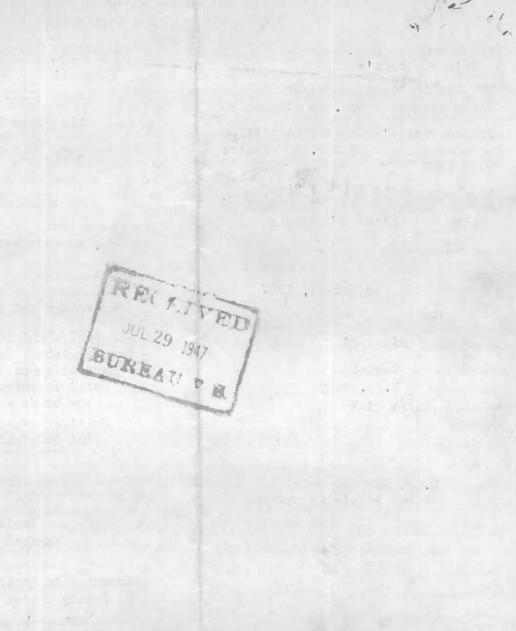
W.		CER	TIFICAT	E OF DEATH	401	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prince George's		State Missouri County				
City or town	verly	nits, write RURAL and give ne	areat town)			
How long in above place	of death?5hr	40 minutes		City or town	rest town)	
	street address where d			Street No. 125 South Ceder		
		neral Hespital		(If rural give LOCATION)	./	
How long In hospital or	r institution?5	hrs. 40 minute	8	2.(a) If veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Security I	Number	
	James Wi	llard Sims	1265			
4. Sex	5. Color or race	6.(a) Single, married, widowed, o	or divorced	MEDICAL CERTIFICATION		
Male	White	Single		20. DATE OF DEATHJuly25	at 12:40A	
ala al la				21. I CERTIFY that death occurred on the date above stated; that t attended decea	sed from	
8.(6) Name of husband	or wife					
			years	and that I last saw halive on		
7. Sirth date of deceased (mo., day,	vr.) Asserts	at 26, 1927		Immediaic cause of death		
8. AGE: Year		Days If less than one o	day			
	19	hrs.	min.	Hemorrhage and shock		
9 Sirthniace	Missour	1 county, and state)		Due to Contusion and laceration of left		
				frental lobe		
1D. Usual occupation.	Seaman			Due to Laceration of the brain stem		
11. Industry or busines	s. U. S.	Navv		Multiple petechial hemorrhages inte		
				Other conditions the brain substance		
EV 13 Sirthniaes				Multiple contusions and abreis	ions of	
				(include pregnancy within 8 months of death)		
14. Maiden name	L	•••••••••••••••••••••••••••••••••••••••		Multiple contusions and abraisions of (Include pregnancy within 8 months of death) the body and extremeties Major findings of operations.		
15. 81rthplace				Date of op.		
	J. S. Navy	records	***************************************	Actopsy results		
Address	Naval Rece	iving Station				
12.		- Culus	26/947	22. VIOLENCE: If death was due to external causes, fill in the following:	101/12	
17 (Burial, cremation, or removal. Which?) Cemetery or crematory		Accident, suicide, or homicideAccident				
		Where did injury occur?	(State)			
	mi	Looure		Injured at home, farm, industry, public place (where?)Road		
Location	0/0/	01/	0-	Massonger in a car that randoff th		
18. Funeral director		Chormbers	1 1 0	Deputy Medical Examiner	4	
Address 38	01 Clen	cland are Ben	restate, ma	23. SIGNATURE.		
197/24	19 45	" Unanda k	Josono	M. U		
(Date rec'd by r	registrar) 19		Registrar	Address Porestville Md Date signed.	7/25/47	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly.

9.45.15M

A15 AS PLEASE



CEPTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

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CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord Infants give residence of mother) State County County County (If outside cits or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME IRA LEON SMITH	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 8 V
6,(b) Name of husband or wife Analda Sulliva S	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 1. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATI
9. Birtholace Lausa County Linginia	in. Due to Due t
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to. Due to.
11. Industry or business fields 12. Name 12. Nam	Dther conditions Denuty
13. Birthplace (particular Value Val	(Include pregnancy within 3 months of death) Major findings of uperations
18. Informant Mrs. Frances & Mc Carthy	Autopsy results
Address 4607 Conn ave MIVID C.	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereol. (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
Location WW Charles &	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 5/7-//# \$9	00 23. SIGNATURE M. D. or 9ther
19 July 3 19 4 Carry + Campbel (Date rec'a)by registrar) kegistr	rar Address Dualdo y Kla . Date signed 13



WRITE

PLEASE

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

2. USUAL RESIDENCE (HOME) OF DECEASED:

06266

CERTIFICATE OF DEATH

Reg. Dist. No. 242

County Panel Georges.	(For newborn infants give residence of mother)
Chariana Cossital Neights	State Many County Trungl George
(If ditside city or town limits, write GURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death?	in outside city of town minus, write house and green course
6121- Shale Suli and	Street No. O. J. T. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jour Sollers	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hole white married	20. DATE OF DEATH. 18 4 7 21 1:45 A
800 ich a Jallen	21. I CERTIFY that death occurred on the data above stated; that I attended decessed from
B.(b) Name of husband or wife	
7. Birth date of	and that I taat saw balive on
7. Birth date of deceased (mo., day, yr.) alec 4, 1891	Immediaje cause of death
8. AGE: Yeara Months Days It less than one day	Caronary Occlusion
hrsmln.	
9. Birthplace(Town, chanty, and atate)	Oue to Cardioraculars
140460.	renal disease
4	Oue to
11. Industry or business	
12. Name William Dollars 13. Birthplace Washington	Other conditiona
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15. Birthplace	Date of op.
16 Informant mrs Eldia m Sallers	Antopsy results
Lini Ad D Diale Did A	SHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 6/2/ Shake the core Capital	·22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Washington D.C.	Injured at home, farm, Industry, public place (where?)
Location	Meana of Injury r Injured at mgrk?
18. Funeral director. W. W Chambles	Neputy medical former
Address 3:12 11 St. S. L.	23. SIGNATURE CALLED J. Sold
July 11 1947 Carrie F. Campbell	M. D. or oher
(Date rec'd by registrar) legistrar	Address Debluck Oate signed 7-11-4



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MARYLAND	STATE	DEPARTMENT	OF	HEATTH

2411 N. Charles St., Baltimore

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06267

CERTIFICATE OF DEATH

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		10
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Reg. Diat. No. 243

1. PLACE OF DEATH: CountyPrince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State D. C. County City or town Washington
How iong in above piace of death? 1 MO 21 days Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium	Street No. 1605 Graceland Court, N. E. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
lesse Starks	3. (b) Social Security Number
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH. July 31 19 47 14 78
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of San	and that I last saw h
deceased (mo., day, yr.) April 3, 1907	Immediate cause of death
8. AGE: Years Months Days If less than one day	Orlmmany Tuterculore 3 mos
40 40 3 28hrsmin.	
9. Birthplace Leverne, Georgia (Town, county, and state)	Due to
10. Usual occupation Plumbers Helper	
11. industry or business	Due to
	Diher conditions
Jesse Starks 12. Name Georgia	
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Doll 15. Birthplace ? Georgia	Major findings of operations
Deceased	Date of op.
16. Informant	Autopsy results
Address	22, VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof (monty) (day (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory.	
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director B. C. Carket	Means of injury tnjured at work?
Address 1400. Ela. ave. n. E	23 SIGNATURE Daniel L&D Finucane m.D.
19. July 31, 1947 Rowland S. Plulip	M. D. or other Male may Bate signed 7/31/47



MARYLAND STATE DEPARTMENT OF HEALTH 928

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State . D. C. County
City or town. (If ontside city or town limits, write RURAL and give nearest town)	Washington
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 4100 5th St N. W.
Prince George County Hospital	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Annie E. Thompson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white Widowed	20, DATE OF DEATH. Quel 7 19 47 at 10:30 H.M
Monnis F	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Morris E.	7 1946, 10 144 7 1947
B.(c) If alive, give ageyears	and that I last saw h
7. Birth date of deceased (mo., day, yr.) April 21, 1887	aunaman aunama
8. AGE: Years Months Days If less than one day	Immediate cause of death DUNATION
60hrsmin.	and the state of t
9. Birthplace Haryland D.C.	Que to Anterosclerons you
(Iown, councy, and state)	
10. Usual occupation housewife	Due to
11. Industry or business	
12, Name Travis Beach	Other conditions Mattal stenows; years
12. Name Travis Beach 13. Strthplace Virginia	· Al- Labore
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown	Major findings of operations
14. Maiden name Unknown 15. Birthplace Maryland	Date of op.
16, informant P. R. England	Autopsy results
1300 5th Stroot M W	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Autros	22. VIOLENCE: If death was due to external causes, fill in the following;
17 bur ial Oate thereof 7/10/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Glenwood Cemetery	Where did injury occur?
	Injured at home, farm, industry, public place (where?)
Location Washington, D. C.	Means of injury injured at work?
18. Funeral director The S. H. Hines Company	means of injury
Address 2901 - 14th St. N. W. Wash.DC	6. Jour Merdel M.A.
7/7 47 Kmander Neuman	23, SIGNATURE M, D, or other
19. (Datefree'd by registrar) (Datefree'd by registrar) Registrar	Address Dege Aut Deg Oate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



9.45-15M

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

06269

CERTIFICATE OF DEATH

Reg. Dist. No.

/						
1. PLACE OF DE	EATH: nce George	's	(For newborn	2. USUAL RESIDENCE (HOME) OF DECEASED: Howard (For newborn infants give residence of mother) State Maryland County Prince George		
County	Cheverly	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Maryla			
City or town (If outside city or town limits, write RURAL and give nearest town)			Box	528 Laura	1 Md	
Now have to show also	Eigh	nt days and four hrs.	City or town	ontside city or town limi	1, Md. ts, write RURAL and give nearest town)	
Hoenital Institution	or street address where	death occurred:				
Prince	e George's	General Hospital	Street No		e LOCATION)	
101111111111111111111111111111111111111					N	
How long in hospital	or institution?Elgi	ht days and four hrs.	2.(a) If veteran, name	e war		
3. (a) FULL NAM	ME A				3. (b) Social Security Number	
ELI	ZABETH THOM	MPSON				
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		MEDICAL C	CERTIFICATION	
Female	White	Widowed	20, DATE DF DEATH	July 20,	19 47 af 6:30	
	. In	i M harrows			bove stated; that I attended deceased from	
6.(b) Name of husban	d or wife	A Manpoo		19		
			pare [/ /	alive on 9		
7. Birth date of deceased (mo., day	VI) BOTA	Res 12th 1286		V		
8. AGE: Yea		Days I if less than one day	Immediate cause of	death	DURATIO	
8. AGE:	0 0		Uhrang	mentain	Sporter June 17a	
	9 7	hrs.				
9. BirthplaceC	olumbus, O	hio	Due to			
	(Town	, county, and state)		*************		
1D. Usual occupation	Seamst	ress	Bus to			
11. Industry or husing	es 1 aleis	h mfg. Co.				
	Robert L.	Masters				
12. Nama		Ohio	Bther conditions	***************************************		
		01120	() no	clude pregnancy within 3	months of death)	
14. Maiden name	Theresa	<i>f</i>				
C 14. maruen mann		,	Major findings of op	perations		
≋i 15. Birthplace		Ohio		***************************************	Date of op	
16 Informant M	r. Harry R	. Huber (Son)	Antopsy results			
			PHYSICIAN: Please		which death should be charged statistically.	
Address B	ox 528, La	urer, mu.	22. VIOLENCE: If d	death was due to external ca	auses, fill in the following:	
17 Bans	2	Date thereof the My 2 4 /94			Date of	
(Eurial, crematic	on, or removal. Which	(month) (day) (year)				
Cemetery or crema	atory Colo	n fell am.	Where did injury occ	(City or town)	(County) (State)	
Location	7.9.	co. hos.	Injured at home, farm	n, Industry, public place (where?)	
	0 16	armond From	Means of Injury		Injured at work?	
18. Funeral director.		Per Per A Ot 20	1	77/11	129 000	
Address	000	mode . 1000.39	23. SIGNATURE	(sert	M. D. or other	
19. 2- 2	registrar)	CUPS Regis	trar 402 ma	inst Jan	ref hard Date signed 7/21/4	

	6)
CEDTIFICATE OF DEATH	
CERTIFICATE OF DEATH	D D

1. PLACE OF D	EATH: Prin	ce Gen	2022	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
				State		
City or town						
How long in above pla	ce of death?6	months.	3	City or townWashington		
	or street address where Glenn Dale			Street No. 910 Third St., N		
	o: Institution? 6		b. ada 14.44b	(If rurat, give LO		1/
			***************************************	2.(a) It veteran, name war		
3. (a) FULL NAI		VER	S, SADIE L.		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CER	TIFICATION	
Female	Colored	1	Married	20, DATE OF DEATH July 4	19 47	520
	usband or wife Preston Travers 21. I CERTIFY that death occurred on the date above stated; that I attended dec				tated; that I attended decea	sed from
7. Birth date of			c) tt alive, give age30 years	and that I last saw h. A. alive on		
deceased (mo., day	yr.) Janua	ry 23,	1917	Immediate cause of death		OURATION
8. AGE: Yea	ars Months	Oays	If less than one day	prelim. tuberenta	sis	2-11 100
30 3	30 5	11	hrsmin.	1		27
9. Birthplace	Washington, (Town), Housew	D. C. county, and ife	state)	Oue to	<u></u>	
.11, todustry or busin		-				
12. Name			ght	Other conditions	•••••	
	Washingt	on, D.	C.	(Include pregnancy within 3 mon	the of death	
# 14. Maiden nam	. Louise V	. Mear	<u>S</u>			
14. Maiden nam	Windsor,			Major findings of operations		
	Deces	d		- T		
16, Informant	Decease			PHYSICIAN: Please underline the cause to which		
Address	1		Λ Ω ε	22. VIOLENCE: It death was due to external causes,		
17 Ken	roval	Oate ther	eol (month) (day) (year)	Accident, sulcide, or homicide		
	on, or removal. Which?	,	(month) (day) (year)	Whare did injury occur?		
Cemetery or crema	110ry		ton D.C			
Location	a was			Injured at home, tarm, industry, public place (where		
18. Funeral director	alessan	Ser	S. Hope	Meane of injury	Injured at work?	
Address 315	-15th str	ub, S.	E. Wash. N.C.	- 23. SIGNATURE Daniel Lev	Finucan	e mD
19.	ly 4,10 49	Kow	land S. Plulys	Ale Dalo	mdi ata signal	7/4/114

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PLAINLY, WICH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

correct age

WRITE

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VS A15



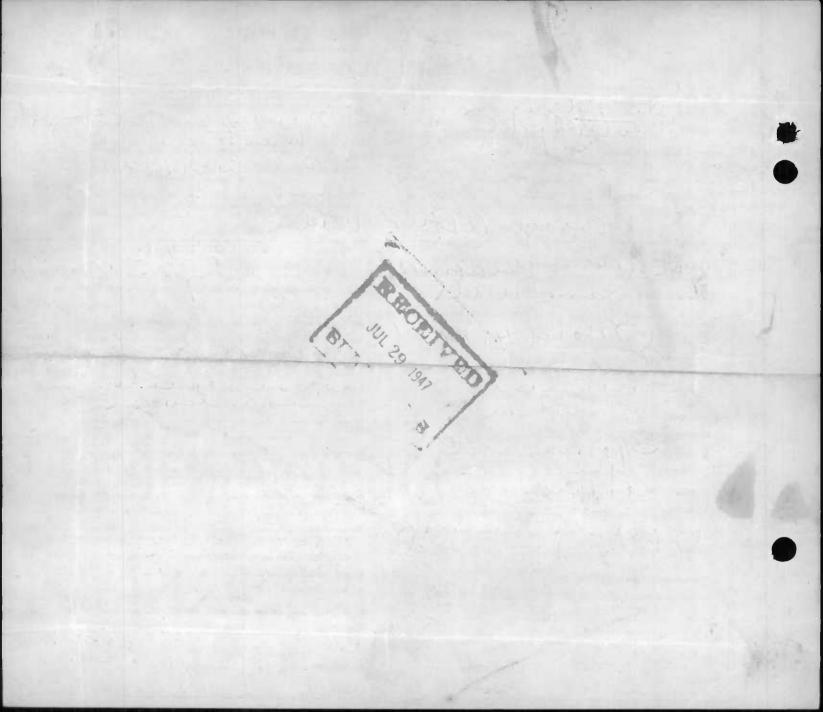
06271

Chartea	St.,	Baltimore	1310

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County True of Cleans	(For newborn infants give reaidence of mother
	State County County
(if outside cit) or low, like ts, write BURAL and give nearest town)	City or town Westerval
How long in above piece of death?	Cily or town
Hospital, institution, or street eddress where death occurred:	Street No. 1 2029 Eurly 1 and
	(If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, nams war
3. (a) FULL NAME george Celfred	Wall 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male Calculation 100 als	0 2517 34
may prome	2D, DATE OF DEATH
6.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date aboye stated; that I attended decessed from
	19
7. Birth date of	and that I last saw halive es
deceased (mo., dey, yr.) Worch 4, 186	Immediain cause of death DURATIO
8. AGE: Years Months Days If less than one day	(10000000000000000000000000000000000000
X (-)	nin.
	Man I and a Const
9. Birthpiace(Town county, and state)	Due to.
to shar Do	Plant de la la
10. Usual occupetion	Dug-10.
11. Industry or business	
= 12 Name Thomas wall	Other conditions
13. Birthplace	
E 13. Bitinglace	(Inciude pregnancy within 3 months of death)
里 14. Maiden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Vest world	
17 Bureal Dete thereof	22. VIOLENCE: If death was due to externel causes, till in the following:
(Burial, cremation, or removal, Which?) (month) (day) (yean)	Accident, suicide, or homicide
Cemetery or crematory Briotles Censellery Hollingh	Where did injury occur?
Mot land mile	Injured at home, farm, Industry, public place (where?)
Location Juliugham,	
18. Funeral director Engene Ford	
10.10 1, ch St 24/1 1/21/6	Thepuly nuderal office
Address 2/7-14 Per D. Warn M	23. SIGNATURE
" Why 2-5 " 47 F. H. Dellugsle	ecy M. D. or other
(Date rec'dow registrar) Regist	Tay Address Till and Vill Mark Date signed

ect age



06272

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (L) MARGIN RESERVED FOR BINDING 9.45-15M

VS A15

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH 7-11- 19 47 at 4:45a N
6.(b) Name of husband or wife Mrs. Theresa Wallace 8.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2 /8 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation ACCOUNTANT 11. Industry or business 12. Name HENRY-WALLACE 13. Birthplace NEW YORK	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I Section 19. 47. Inmediate cause of death. DURATION 4 10. Due to. Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. ISABELLA FUNSTON 15. Birthplace 16. informant MAS. THERESA WALLACE - (WIFE Address 4802-72ND AVE - LANDOVER HILLS-19. 17. Burial, cremation, or removal. Whileh Cemetery or crematory. Location 18. Funeral director. Address 377-147 Amanda Albumia, (Bate rec'd by registrar) 19. Chate rec'd by registrar)	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the toilowing; Accident, suicide, or homicide. Where did injury occur?

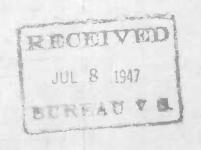


CERTIFICATE OF DEATH

-							
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Prince George's		
County Prince George's							
City or town	III VI TUTIL			URAL and give nearest town)	City or town Cottage City (If outside city or town limits, write RURAL and give nearest town)		
How long in abo	ove place of	death?	And Les.	•	(If outside eity or town limits, write	RURAL and give neare	est town)
Prince	Georg	ge's Gene	ral Ho	spital	Street No. 3802 37th Avenue	non	***************************************
					2.(a) It veteran, nams war.		
3. (a) FULI					3. (b) Social Security Number		
		Martin W	eaver				
4. Sex		. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CERTI	FICATION	
Male		White	Ma	rried	20. DATE OF DEATH. JULY 2	1947	10:07 P
		Cathen	ine Vi	rginia	21. I CERTIFY that death occurred on the date above slate:		
					19		
7. Rirth date o	t			e) If alive, give age39years	and that I last saw halive oe		
		December			Immediate cause of death Hemorrhage	and	DURATION
8. AGE:	Years	Months	Bays	it less than one day	shock :		
				hrsmin.			***************************************
9. Birthplace.	V:	irginia	accompany and a	tate)	Bue to gun shot wounds of he	ad, chest	******************************
	10.00	Merchan	t.	unte)	and abdomen		
		Gasoline			Due to		
11. Industry o				r			
					Dther conditions		***************************************
		unknown			(Include pregnancy within 3 months	of death)	
14. Malde	n name	Hannah Fr	eeman		Major findings of operations	***************************************	
2 15. Birthe	iace	unknown				Date of op	
16, Informant	Catl	herine V.	Weave	<u>r</u>	Autopsy results		
Address 3	802 3	7th Ave.	Cottag	e City, Md.	PHYSICIAN: Ptease underline the cause to which dea		latistically,
	R.		Date there	Sul 5-1947	22. VIOLENCE: It death was due to external causes, till		0/1.7
(Burial, er	emution, of	removal, Which?		(mont) (day) (yesr)	Accident, suicide, or homicide homicide	Pr Geo.	
Cemetery or	crematory.	Fort	Local	colu	Where did Injury occur? Cottage City (City or town)	(County)	(State)
Location		Coluna	ma	and hid	Injured at home, farm, industry, public place (where?)	nome	
18. Funeral d	irania Z	your	lis	Sma	Msens of Injury shot during alter	Injured at work?	no
	HECTOR	The	00-		respectly made	The hand	1
Address	The same	ansive	The f	man and a second	23. SIGNATURE	40 M	rother
19(Date rec	175	F 1947	u	manda Waunes	mestutou	Date signed	
(Date rec	d by regis	trarj		Registrar	1 Address	Date signed	

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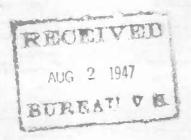
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06275 Reg. Diat. No.243

1. PLACE OF DEATH	Prince Georg	765	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Glenn Dolo	Vow-load			
Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)			State D. C. Couoty Washington		
			City or town (If outside city or town lim		
		5	(If outside city or town lim	its, write RURAL and give	ncarest town)
Hospital, finstitution, or street address where death occurred: Glenn Dale Sanatorium			Streef No. 1220 Messer P.		
	22 4	anatorium	(If rural, gi	ve LOCATION)	
How long in hospital or ins	titution?23 43	ays	2.(a) If veteran, name war		
3. (a) FULL NAME	Henry -	Williams		3. (b) Social Securit	ty Number
4. Sex 5.	Color or race 6.(a)S	lingle, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	Colored S	Separated	20. DATE OF DEATH	1 21 194	7 . 8 9 .
	Lilly	williams	21. I CERTIFY that death occurred on the date a		
6.(b) Name of husband or W	ite Lilly	* 1 data data data data wang sapar			21 1947
		.6.(c) If allve, give ageyes	irs	-101/	19.7
7. Birth date of	June 24, 19	03	and that I last saw h. Manalive on	fif & f	19.44
deceased (mo., day, yr.) 8. AGE: Years	Months Days		Ipocdiais caose of death		DURATION
the second second			Julianory Jun	rours -	3 mos
44 44	0 27	/hrsml	n.		24 days
a Richnisca Lat	wrence. South	Carolina	Due fo		
3. Birinpiace	wrence, South	ind state)			
10. Usual occupation	None			,	******
	-		Due to	•••••	•••••
11. Industry or business	<u> </u>				•••••
12. Name Tom	Williams		·· Dther conditions		
13. Birthplace	?				
E Re	ose E. (?)		(Include pregnancy within	ß months of death)	
14. Maiden name		***************************************	Major findings of operations	***************************************	
15. Birthplace	?				
	Danisania				
16. Informanf	ueceasea		PHYSICIAN: Please underline the caose to		
Address					
" Reserve	al m	man July 21/47	22. VIOLENCE: If death was due to external c		
(Burial, cremation, or	removal. Which?)	inereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory			Where did injury occur?(City or town	\ \(\(\frac{1}{2} \)	(Stata)
Ma al	1 - Ta-	X (2)			
Location	The same	N C	Injured at home, farm, Industry, public place		
18. Funeral director	eller & Hu	Men	Means of injury	Injured at work?	
Address 247/2	Theredan	/ Nd. 810:	- 23. SIGNATURE (1) aniel	180 Finer	cano MA
19. Ouly	21,1.47/Kor	vland & Plulip	S. Indress & len 4)a	8 Md Date signed	D. or other



MARYLAND STATE DEPARTMENT OF HEALTH 940

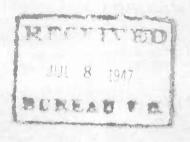
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/ 2411 N. Char	rles St., Baltimore 7400
CERTIFICA	TE OF DEATH Reg. Dist. No. 239
1. PLACE OF DEATH: County PRINCE GREE'S City or town. ANRE (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State ARYLAND County PRINCE GEORGE'S City or town APVREL (If outside city or town limits, write RURAL and give nearest town) Street No. 409 GOREMAN AVE (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME WILLIAM LAFAYETTE 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	WILLIAM S 3. (b) Social Security Number
	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH JULY 6 1947 at 5:45
6.(b) Name of husband or wife CATHERINE WILLIAMS 6.(c) If alive, give age 5.5 years 7. Birth date of deceased (mo., day, yr.) AUG 13 1892	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 6 19 47, to JULY 6 19 4 and that I last saw h
8. AGE: Years Months Days If less than one day	Immediair cause of death Cute Myscathal Insufficient 10 mi
9. BirthplaceST. MARY'S CO, MD. (Town, county, and state) 10. Usual occupationSTATE RDDEPT. 11. Industry or business 12. Name.WIALIAM H WIALIAMS 13. Birthplace MARYLAND	Due to Cordnay Thrombana 8 mo
11. Maiden name NOT KNOWN	(Include pregnancy within 8 months of death)
14. Maiden name NOT MNOWN 15. Birthplace MARYLAND 16. Informant MRS. CATHERINE WILLIAMS	Major fiediogs of operations
Address 409, GORM AN, AUE. LAUREL	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burlah Communication, or removal, Which?) Cemetery or crematory S.T. MARYS	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location LAURAL	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director W W Chambers Co. Address Suresdale Fred	23. SIGNATURE COLLABORATION MARIE 1
19. July 1 19 47 M. Dauslesons (Date rec'd to registrar) Registrar	Address Aurel Maryland Date signed 7/6/

MARGIN RESERVED FOR BINDING

A15 SA Centificate Lighed in absence of Dr. N. B. Alterard by authorization of Dr. Boyd. Helphus, M.D.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Pro Georges Co Brentwood Maryland (If outside city or town limits, write RURAL and give nearest town) Street No. 3504 Webster street (If rural, give LOCATION) 2. (a) If veteran, name war.		
3. (a) FULL NAM					3. (b) Social Security	N	
.,		enry	Ulysses Wilso	on s	Sr.	Mumber	
4. Sex			-	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 14 19 47 21 10:504			
male	white	married					
	or wife. Mary				21. I CERTIFY that death occurred on the date above stated; that I ettended dece	ased from	
7. Birth date of					and that I last saw h 1 M alive on J. U. J. 4		
deceased (mo., day,			1887.		Immediate cause of death	DURATION	
8. AGE: Year 59	s Months	Days	It less than one day	mln.	generalized Toxaemia	6 month	
9. Birthplace Richmond Virginia 10. Usual occupation Hotel and Restaurant					Due to Miliary Tuberculosis of both lungs Due to		
11. Industry or business Supply salesman 12. Name Goorgo Wilson 13. Birthplace Va					Other conditions	•	
14. Malden name Rosa Lynch 15. Birthplace Va					(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Mary Wilson Address Brentwood Maryland.					Autopsy results. Miliary Tuberculosis PHYSICIAN: Please underline the cause to which death should be charged		
17 Burial	n, or removal. Which?)	Oate the	reot. July 17 (month) (day) (year		22. VIOLENCE: If death was due to external causes, till in the tollowing; Cate ot		
Cometery or crematory Fort Lincoln Cemetery Washington D. C.					(City or town) (County)		
Location D. C. F. Gasch's Sons 18. Funeral director.					Meens of Injury Injured at work?		
Address	Hyattsvi			*******	Mem H marter	Mr. D.	
Date rec'd/by r	1719.7.7	0	Sevens	istrar	23. SIGNATURE M.D. Address 3827 34th-Mt. Rainier, bad signed	or other 7/15/47	



PLEASE

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

06278

CERTIFICATE OF DEATH

Dist No 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).		
County Mile Clarify	State A and County Prince Georges		
(If outside city or town limits, write RURAL and give nearest town)	ON 2 December 1		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 10 (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name wer		
3 (a) FULL NAME	3. (b) Social Security Number		
arthur Dewey Wor			
4. Sex 5. Color or race S.(a) Single, married, widow of or divorced	MEDICAL CERTIFICATION		
Maried Warred	2D. DATE DF DEATH. 21 9 PM		
6,(b) Name of husband or wife myrthe Worley	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(c) If alive, give age 3 2 years			
7. Birth date of	and that I last sew halive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		
47 hrsmin.	com occusion		
	Manda Salan and and and and		
9. Birthplace(Town, county, and state)	Due to.		
1D. Usual occupation Carpenter	diclark		
11, industry or business Garalan	Due to		
	Dther conditions.		
12. Name Alelhest Usarley 13. Birthplace Vicenty			
E 14. Maiden name Allega Dunhart	(Include pregnancy within 3 months of death)		
15. Birthplace	Major fiedings of operations.		
Dr Dr. (DTT) (1) - 0 (2)			
Address () Aug el. , has let	Autopsy results PHYSfCfAN: Please underline the cause to which death should he charged statistically.		
B. 10 11 26 1947	22. VIOLENCE: tf death was due to external causes, fill in the following:		
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide		
Genetery or grematory. It Linkoln	Where did Injury occur?		
mean washington de	Injured at home, farm, industry, public place (where?)		
I Donala Sons	Means of Injury Injured at work?		
18. Funeral director.	leparty nederal yours		
Address factorial for	23. SIGNATURE M. ID. or other		
19. 7/24 (Date ree'd by registrar) 1947 Umanda Downer Registrar	Address Forestull And Date signed 7-23-47		



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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

LTH 06279

CERTIFICATE OF DEATH

Reg. Diat. No. 242

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State maryland county or Leo.
How long in above place of death? Call Lui Life Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospifal or institution?	2.(a) If veleran, name war
Terbert albert young	3. (b) Social Security Number
Male Sol (a) Single, married, widowed, or divorced for the colors of the	MEDICAL CERTIFICATION 2D, DATE OF DEATH. 26 1947 1947
8.(b) Name of husband or wife Schole Jornay	2D, DATE DF DEATH. 21. 18.7. at
7. Birth date of deceased (mo., day, yr. Lug 12th - 18.82	and Wat I last saw h
8. AGE: Years Months Days It less than one day 15	Gustro Enteritis 5 days
9. Birthplace Transfy was (Town, county, and state)	Due to
1D. Usual occupation. A a later Revads	Due to
12. Name Dennis Young 13. Birthplace Prandscome, Total	Diher conditions
14. Maiden name. Celiatria. 15. Birthplace MA	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Clair Ford	Antopsy results
Address Grandwung Md.	PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: ff death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or cremators 14.	Where did Injury occur?
18. Funeral director, Dun 5. Theres 400	Means of fnjury Injured at work?
Address (901-301:572)	23. SIGNATURE John El Jowers in D
19 cly 26 18 47 Carrie J. Camphell Registrar	Address Franky wins, hos Date signed 7/26/47

